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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

EDITORIALS†

CALIFORNIA COUNTY HOSPITAL BUREAUCRACY! WHICH WAY LEADING?—STATE MEDICINE, THROUGH A BACK-DOOR ENTRANCE?

Kern County Hospital Controversy Revived. Several years ago, in connection with the administration of Kern County's hospital, some important issues arose, when a group of citizens contended that the Board of Supervisors was using county funds to provide hospital care, not only for the indigent sick, but also, and illegally, for persons themselves well able to pay for hospitalization in private institutions, or having relatives legally liable for their support. The case came to trial in the Superior Court of Kern County, where Judge K. Van Zante handed down, on December 4, 1933, his opinion. An appeal from Judge Van Zante's decision was taken by a group of taxpayers of that county (Civil case No. 1761), and on January 30, 1936, the Fourth Appellate District Court of California rendered its ruling on the prior decision of the lower Superior Court.

For careful perusal by members of the California Medical Association, this opinion of the Appellate Court, as given by Justices Marks, Barnard and Jennings, is printed in full, under the caption Exhibit D, on page 106, in this issue; because that decision, since it was handed down two years ago, has been set forth in several California counties as an excuse and a right, presumably legal, to inaugurate what are little less than radical departures from former procedures having to do with the admission of patients into county hospitals, these innovations amounting practically to a form of state medicine, or perhaps something worse.

* * *

The Los Angeles County Hospital as a Major Offender.—Our comments, in this issue of the OFFICIAL JOURNAL, on what is taking place in some of our county hospitals, will be largely confined to some startling and little less than outrageous procedures which have been inaugurated in the Los Angeles County General Hospital during the last six months, or since about July 1, 1937, the beginning of the present county fiscal year.

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

The Los Angeles County General Hospital: Its Organization.—First, a few words about the Los Angeles County General Hospital, a public institution which the County of Los Angeles, as a constituent unit of the State of California, in accordance with provisions in the constitution of the State designed to conserve the health and lives of indigent citizens, maintains under supervision of a board of five supervisors elected from the five geographical supervisorial districts.

The Los Angeles County *General* Hospital, under the general jurisdiction of the County's Department of Charities, has two divisions: the "Los Angeles County Hospital," a unit with an attending staff of 508 physicians and surgeons licensed under the Medical Practice Act of California, and the "Los Angeles County Osteopathic Hospital," staffed by licentiates of the California Board of Osteopathic Examiners. The two divisions are quite independent, one from the other, but what is stated below concerning bills rendered to patients applies not only equally to the two divisions, but also to the large county tuberculosis hospital known as Olive View Sanatorium, an institution having about 1,000 in-patients; the county also providing hospitalization for about 1,000 additional patients housed in some twenty tuberculosis rest homes, and likewise giving tuberculosis relief for an additional 2,000 patients who are hospitalized in their own homes.

What the capital investment of the Los Angeles County General Hospital, located on Mission Road and State Street, as represented by its acreage and buildings, amounts to, we do not know, but it may be of interest to note that the new acute unit of the Los Angeles County Hospital, opened several years ago, was erected and equipped at a cost of some seventeen millions of dollars. These figures may have a bearing on some of the new hospitalization charges made by the Department of Charities and County Hospital authorities, brought into being, it has been stated, because of interpretations of the Appellate Court opinion in the Kern County Hospital case.*

* * *

Los Angeles County Hospital Admits More Than 50,000 Patients Yearly.—In the Los Angeles County Hospital (medical division of the Los Angeles County General Hospital), during the fiscal year July 1, 1935-July 1, 1936, a total of 57,100 patients were enrolled as in-patients; and during the next fiscal year, 1936-1937, a total of 56,774 in-patients received care. The average number of patient days was 14.6 in 1935-1936, and 14.7 in 1936-1937.

At this moment, we do not have at hand the total number of hospitalized patients admitted there in previous years, nor are the figures available for patients registered in the tuberculosis division (Olive View and adjuncts), or those on the infirmary rolls of Rancho Los Amigos (the County Farm). For our purpose, in order to point out the deplorable system recently instituted, the massive total of 56,774 in-patients for the last fiscal year will suffice, since an approximately similar registration may be expected to obtain for the current fiscal year.

* * *

What Is Wrong in the New Admission System of the Los Angeles County Hospital?—Now, what are the particular procedures to which objection and complaint are made, and why?

1. Since July 1, 1937, every patient (whether socially serviced and registered, and acknowledged as a 100 per cent "indigent," or a "medically indigent person" (part indigent?), or a "non-indigent" in law (this last citizen, presumably a person who himself, or, through legally-liable relatives, possesses means sufficient for his support, in health and in illness), has been receiving a statement from the County of Los Angeles—sent out through its Bureau of Accounts and Collections of the County Department of Charities—for hospitalization costs, to cover periods of care in the Los Angeles County Hospital. In addition to such bill-bombarding, efforts are made, we have been told, to induce every patient so admitted to sign over in favor of the said County of Los Angeles liens on insurance policies or equities in real estate or other possessions, real or personal, at present held by the patients, or in the future to be acquired, and thus permit the county, presumably sometime in the future, to attempt collection in case such payment for hospitalization charges is not immediately forthcoming!

2. But even that is not all. The hospitalization charges, so made (only a few of which instances have been called to our personal attention, so that, to date, we believe no attempt has been made to contact the hundreds of former patients who have received statements for hospitalization care since July 1, 1937), in some instances must be classed as little less than stupid and outrageous! Stupid, because it is almost impossible to understand how hospital administrators of any experience, and especially those who should be familiar with the almost constant and equal assessments of the private hospitals of Los Angeles, could have been guilty of aiding in the computation of fee schedules such as have been promulgated; and outrageous, because to even well-to-do citizens in private hospitals some of these charges would be

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* Editorial articles on the Los Angeles County Hospital which have appeared in previous issues of CALIFORNIA AND WESTERN MEDICINE, include the following:

Does Los Angeles County Hospital Extension Into Private Hospitals Constitute a Menace to Medical Practice? (Editorial) Volume 32, No. 2, February, 1930, page 117.

Construction and Maintenance Costs of New Unit of Los Angeles County General Hospital—What of Ultimate Results? (Editorial) Volume 32, No. 3, March, 1930, page 192.

Los Angeles County Hospital Charges Against Its Superintendent. (Editorial) Volume 34, No. 5, May, 1931, page 376.

Los Angeles County General Hospital Hearing. (Editorial) Volume 34, No. 6, June, 1931, page 421.

Osteopathic Unit of Los Angeles County General Hospital—No Longer Under the Medical Superintendent. (Editorial) Volume 35, No. 2, August, 1931, page 133.

Acute Unit of Los Angeles County Hospital: Finally in Partial Operation. (Editorial) Volume 40, No. 1, January, 1934, page 58.

The Los Angeles County Hospital. (Editorial) Volume 40, No. 6, June, 1934, page 427.

Change in Admission Requirements at the Los Angeles County General Hospital. (Editorial) Volume 41, No. 6, December, 1934, page 413.

County Hospitals Should Print Annual Reports. (Editorial) Volume 42, No. 1, January, 1935, page 40.

appalling! When such charges and demands are rendered to indigent or near-indigent citizens, afflicted not only with poverty, but, shall we say, often also with ignorance or lack of education, and, so, incompetent to understand the implied demands for money, in letters filled with legal phraseology, it is not to be wondered at if fear and worry are produced among those very unfortunates who should be free from such assault.

* * *

Detailed Information Appears on Page 97.—On other pages in this issue will be found some exhibits that shed light on what has been here stated, and members of the California Medical Association are advised to inform themselves of what is going on before their very eyes, as well as to ask if that which is being done is not a form of state medicine or worse, instituted, perhaps, without proper warrant of law? Also, whether, if continued, it must not lead to dire effects, not only upon medical practice, but upon the moral and ethical standards of the very county where such a policy of caring for California's sick indigents was inaugurated?

* * *

One Example of the Atrocious Charges for Hospitalization Care.—Space does not permit extended comment here, but one example can be cited briefly to show the preposterous and unjust nature of these charges made by the County of Los Angeles to its indigent sick; a fuller itemized statement being given on page 105, under Exhibit C.

A cesarean section having been necessary for this particular patient, charge for the use of the Los Angeles County Hospital operating room and its nursing personnel alone (the attending staff obstetricians donate their services to the county, as an expression of altruistic service to the indigent sick) was as follows:

Date	*Description*	*Charges*
October 5, 1937	Operative—Cesarean Section	$136.80
October 9, 1937	Operative—Blood Transfusion (450 cc.)	22.50

The total bill for that particular patient and new-born child for twelve days' hospitalization (that is, for food, board and nursing, because the county has no legal right to charge for professional services rendered gratuitously by the attending physicians and surgeons) was $215.41!

It may be of interest to state that the attending obstetrician for the above patient, about the same time, had a patient in the Cedars of Lebanon Hospital of Los Angeles, for whom also a cesarean section was necessary; where the operating room-personnel charge was $12.50! Contrast now this latter operating room charge (which would be about the same in every other accredited private hospital in Los Angeles) with the charge of $136.80 by the Los Angeles County Hospital, and let each physician ask himself what kind of language comes to his mind, as he would express his opinion thereon?

Attending Staff of the Hospital, Whose Members Give Gratuitous Service, Should Ask Themselves Some Questions.—As has been said, the Los Angeles County Hospital has an attending staff of 508 physicians, surgeons and specialists, practically all members of the Los Angeles County Medical Association, who give their professional services gratuitously in care of the indigent sick. Each of these attending medical men may well ask himself a number of very pertinent questions in connection with what has been stated above and elsewhere in this issue of the OFFICIAL JOURNAL. And especially so, since the annual money value of their professional services in caring for some 56,774 patients (medical and surgical care, and operations) has been estimated to be in excess of two million dollars! By contrast, the entire city of Los Angeles, a community of more than one million persons, swells with pride, and for days covers itself with glory in the newspapers, in attaining from these one million fellow citizens the sum of $2,865,654, as a Community Chest goal!

* * *

What Will Become of These Liens on Possessions of Indigents and Near-Indigents?—Naturally, with things such as the above happening, protests are being made by former patients. The retiring president of the Los Angeles County Medical Association cited the case of one former patient who was so pestered by the Los Angeles County Bureau of Accounts and representatives, seeking to make her sign over a lien for county hospital hospitalization services rendered, that she consulted an attorney, who told her to sign nothing. Unfortunately, this advice cannot be communicated to the hundreds of other indigents, in real danger of such experiences.

What is to become of all these liens gathered on the basis of Los Angeles County Hospital hospitalization? Will they later be auctioned off to tax sharks, like delinquent tax bills? And if not, why keep them and hold them over the heads of poor citizens, and so cloud title in any property they may be able to free from indebtedness? Protests have already been presented to the Public Health Committee of the Los Angeles Chamber of Commerce, and the rumbling has become sufficiently intense, at the end of six months, that the superintendent of the County Hospital has seen fit to write to the County Auditor on the subject. His letters are presented in the exhibits. They may be read, in connection with others.

* * *

A Thorough Investigation Is Indicated.—Grand Jury investigations on ways and means of conserving county resources, as well as the rights of citizens, are certainly nothing new in Los Angeles, and a thorough investigation is indicated on the basis of the evidence already in hand, and much more of which would probably be easily forthcoming, if sought. Such an investigation by an impartial grand jury committee would bring out the facts, and no doubt lead to a removal of all obnoxious elements involved.

It is our opinion that the members of the Board of Supervisors have only a casual knowledge of what is taking place in these matters here discussed, because that group of five men are responsible for a county with income and expenditures almost as large as those of the U. S. Steel Corporation, and they must necessarily depend upon their subordinates for proper administration. Somewhere, then, in all this, it is possible that there exists a case of "Bureaucracy Going Wild."

Because of the menace to the interests of the indigent sick, to the public, and to the medical profession, the offenses complained of should at once be stopped. And last, but not least, the county hospitals of California should be administered with due regard to the laws of the State, which in all this seem to be flagrantly disregarded. So much, on this vexed subject, for the present.

PLEA FOR THE PRESERVATION AND COMPILATION OF MEDICAL ARCHIVES OF COUNTY MEDICAL SOCIETIES

Lure of Medical History: William Watt Kerr, Joseph P. Widney, Philip Mills Jones.—Were you among those who read Dr. Herbert C. Moffitt's delightful sketch of one of the former guiding spirits in California medicine—the late William Watt Kerr of San Francisco? If not, you do yourself an injustice if you do not take the time and peruse it, and so enjoy the portrayal of the life of a physician whose professional work went far, in his time, in maintaining high standards of practice in our State. In addition, you will find that the article contains other interesting medical information of days gone by, which Doctor Moffitt outlines in charming style. Our medical forbears, even of so recent a period as scarcely half a century ago, loved their profession and guild with an intensity worthy of emulation by present-day disciples. Their controversies and battles, of interest even yet, were not the least of the many absorbing stories that might well find proper place in a chronicle of their periods. Doctor Moffitt's paper appeared on page 27 of the January issue.

* * *

On page 4 of the same number reference was made to Dr. Joseph Pomeroy Widney, motivating leader in the group of physicians who, on January 31, 1871, founded the Los Angeles County Medical Association, at a time when that present-day metropolis was little more than a small Mexican town. Today's members of that county society, one of the largest component county societies in the United States, may well be proud of their history, and also of their founder, who celebrated his ninety-sixth birthday on December 26, 1937, and, in spite of the heavy handicap of blindness, continues his work both as a student and scholarly author. It will probably never come to pass again, for anyone to record in the medical annals of California, that it fell to the lot of one of its physicians not only to have witnessed the great changes which have been created in the last seventy-five years in the Golden State, but also, at the same time, to have been intimately associated with, and to have had far-reaching influence in a host of civic, educational and medical endeavors that came to the front, as one decade succeeded another. Founder Widney's life has been so rich and full of service that every member of the California Medical Association may take pardonable pride in his career.

* * *

In the January issue, also, appeared a brief survey of the founder-editor of the OFFICIAL JOURNAL of the California Medical Association—the late Philip Mills Jones.* What a magnificent work he also accomplished, in his comparatively short life! Keep in mind that, in a few brief years, with a state medical journal in its swaddling clothes, and on a precarious financial foundation, his pen gave expression to views on medical journalism and ethics which the medical press of the United States, in decency and self-respect, found it could do nothing else than to adopt, thereby removing from the pages of their magazines a mass of proprietary and other advertising of unscientific products, even though at a loss of thousands of dollars to their incomes. But to Editor Jones, militant and courageous, in the righteous battle, all who transgressed were alike a foe. For that splendid service, both national and state medical societies may well be grateful to California.

* * *

Every County Medical Society Should Appoint a Committee on History, to Take Up This Work.—It is true, that only a few physicians can attain the heights reached by the men above mentioned, but the spirit of pioneers and leaders, such as the late Doctors Kerr and Jones, and our still living Doctor Widney, can be and is made part of the life of every physician who meets his professional and civic responsibilities in manner as earnest and fine as that with which these pioneers took up the consideration of each day's problems. As a matter of fact, there is not a county in this great state in which, if search were properly made, there could not be found the records of medical men who, in like fashion, have gone forth to each day's labors with outlook, both broad and gentle, dedicated to devoted service for their fellow men and patients, and to the communities in which they practiced their profession.

It is to this group of physicians, practically unknown in the sparse medical records of days gone by, as possessed by the California Medical Association, that we would direct the attention of component county societies. Before it is too late, and wherever a component county medical society exists, each such organization should appoint a Committee on History, to gather together the old record books, to secure biographical and other information, not only of former members, but of public health and similar activities in their respective communities. For better preservation, the old record books might well be sent to the central office of the California Medical Association for safe-keeping. Biographical and other sketches

* See pages 1 and 60 of the January issue.

may be forwarded to CALIFORNIA AND WESTERN MEDICINE, for future appearance in its pages, or placement in the archives of the California Medical Association, for use when the needed history of our Association is compiled.

CALIFORNIA AND WESTERN MEDICINE, therefore, expresses the hope that in every county society there will be one or more members sufficiently interested in the collection of historical memorabilia to lead them to present a resolution at an early meeting that would bring into being the appointment of a Committee on History, to take up this interesting and much needed work.

A. M. A. SESSION IN SAN FRANCISCO, JUNE 13–17; C. M. A. SESSION IN PASADENA, MAY 9–12, 1938

American Medical Association Session, June 13-17.—Once again, the California Medical Association will play host when, on Monday, June 13, the American Medical Association will open another five days' session, constituting its eighty-eighth annual convocation. On page 127 of this issue, in the Association news department, is given the list of local committees appointed by Dr. Howard Morrow, president of the California Medical Association and chairman, as delegated, of the Local Committee of Arrangements.

The city of San Francisco, in its handsome civic center buildings, possesses exceptionally good facilities for general and scientific section meetings, and for commercial exhibits. This year's program of papers is yet to be published in the *Journal of the American Medical Association,* but it may be taken for granted that they will measure up to the highest standards of previous years.

It is unfortunate (to make a contrast) that Los Angeles, through lack of adequate accommodations, is handicapped in so far as conventions of organizations such as the American Medical Association are concerned; for, as a matter of fact, the auditorium and other meeting place facilities of that large city are today really less serviceable and satisfactory than they were in 1911, when the American Medical Association held a session for the first and only time in Los Angeles.

It is to be hoped, therefore, that members of the California Medical Association will make note of the dates for the meeting of the American Medical Association in San Francisco, these being printed on the front cover of each issue of the OFFICIAL JOURNAL, and that a large number of physicians will avail themselves of this rare opportunity to attend, breathe the spirit of an annual session of the great national organization, and by their presence at the scientific and other gatherings partake of the stimulating, intellectual profit that is surely one of the rewards of attendance. A word, also, in regard to hotel accommodations: Members who are looking forward to attend *should request their reservations now.*

* * *

California Medical Association Session, May 9-12.—This year's annual session of the California Medical Association preceding that of the American Medical Association by about one month, will be held at the Hotel Huntington, Pasadena, commencing on Monday, May 9, and continuing for four days. The formal program will be given in a supplement to the April issue of CALIFORNIA AND WESTERN MEDICINE, and, in due time, complete information concerning the scientific and other programs will appear in the OFFICIAL JOURNAL. This famous hostelry has been the scene of former sessions, most pleasantly remembered, because of conveniences made possible by the size of that hotel, and there, also, a large attendance is awaited. Requests for room reservations may be sent to the Hotel Huntington, and should be made without delay.

CALIFORNIA ATTORNEY-GENERAL'S RULING ON PUBLICATION OF CALIFORNIA MEDICAL-ECONOMIC SURVEY REPORT

For the information of members of the California Medical Association to whom the matter may be of interest, the following item from the Oakland *Tribune* of January 13, 1938, is given space:

STATE MEDICAL SURVEY OPEN TO ALL, SAYS WEBB

Private Individuals May Print and Circulate Data, Attorney-General Holds

"Private individuals may print and circulate complete details of the $100,000 California medical-economic survey. . . .

"The way for this action was paved today by Attorney-General U. S. Webb in an informal opinion given in reply to a query from Assemblyman John Gee Clark of Los Angeles. . . .

"Webb said that there appeared to be 'no objection to printing any of the matters contained in the report, provided no incorrect statements were made in connection with the publication.'

"The accuracy proviso, he declared, would require any private publisher to designate those sections disapproved by the State Board of Health, to which the final report was submitted.

"Despite outside contributions, Webb ruled, the complete report remains the property of the State, and discretion as to what shall be contained in the official report published by the Board of Health remains with the Board of Health.

"This contention was borne out, Webb said, by a communication from Corrington Gill, Assistant WPA advisor at Washington, D. C., to James B. Sharp, coördinator of statistical projects for the WPA, in which it was pointed out that any individual might avail himself of the data."

* * *

To the informal opinion of Attorney-General Webb of California, noted above, may be added the following clarifying statement from the Federal authorities:

(COPY)

OCSP-1-11
San Francisco,
January 3, 1938.

Professor Paul A. Dodd,
Department of Economics,
University of California at
Los Angeles, California.

Re: Publication of Medical-Economic Report

Dear Doctor Dodd:

In reply to your request of December 9 relative to publication of the Medical-Economic Report, we are pleased to

inform you that under date of December 28, Assistant Administrator Corrington Gill writes as follows:

"Inasmuch as the basic data on this study are now available, there need be no question raised concerning a further analysis or interpretation of these data. It is the privilege of any individual to avail himself of published data and interpret them as his philosophy dictates, and Professor Dodd's request differs from this in no respect. . . . No clearance with the Works Progress Administration was necessary."

*This reply, we believe, will officially close the correspondence on this FERA [Federal Emergency Relief Act] undertaking in so far as the WPA [Federal Works Progress Administration] is concerned.**

Very truly yours,

WILLIAM R. LAWSON,
Administrator.

By JAMES B. SHARP,
Coördinator of Statistical Projects.

JBS:LD
CC: Walter M. Dickie
Corrington Gill
Samuel May
David M. Maynard
Howard B. Myers
Stuart A. Rice

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 125.

EDITORIAL COMMENT†

A NEW EUROPE**

Ex Oriente Lux
Ex Occidente Dux

Some years ago, a British statesman, in a speech at Johns Hopkins University, said: "Europe is dying. You can do nothing to save her. Keep clear." Was he right, or was it a mistaken prognosis? Maybe it was only an error of the sickroom. Maybe it was not death, but only a need of a change in the treatment of the case: rather would it seem that it is the civilization that is sick, and not necessarily the race. One thing is certain: Thus far, it has not proved to be a sickness unto death. Although the civilization of Europe is unquestionably threatened with dissolution, its peoples are not. They are full of vitality. It is a case where the peoples have outgrown their civilization. It is like the boy who becomes a man and has outgrown his boyish attire. To attempt to wear the old means tearing and ripping. The full grown Europe of today has simply outgrown the badly worn, youthful clothing of ten centuries ago.

Was that old civilization of ten centuries ago a mistake? Not necessarily so. The boy in man's attire would have been tripping himself in the larger garments of a man. The civilization which grew up after the overthrow of the older Latin type was suited to the age. It was the civilization of emperors and kings, of popes and priests; of the crude mechanical appliances; and of sparsely settled lands with food yet in abundance. It was an era of wars that never seemed to cease. Ambitious men fought for power and rule. It was preeminently the age of the strong man, and the stronghold; an age when the successive rulers were those of birth and not of brains.

All this has changed. Iron and coal have transformed Europe. It is now an overpopulated land of factories and shops and densely crowded cities. There are more people than the land can support. The one great cry of Europe now is for bread. And its rulers are no longer holding their office because of the glamor of birth and caste, but are taking the place of the degenerate royalty by right of brains and not birth. The caste of nobility is disappearing. The nobleman, now, is not the man with an inherited castle, with drawbridge and moat; but the man who does things, who brings things to pass. The old is passing. It is the time of rebuilding.

But the old does not give up peaceably; and would-be strong men, fired by ambition, foment strife. And there are not many men who, like Aristides and Edward VIII, go quietly into exile. The lust for power is strong. The ability to use it is too often weak.

What can be done to make the transition from the old to the new one of peace, and a peace that shall abide? Much of what follows I have already told in the chapter on "World Problems," in my work, "The Rebuilding of a Wrecked World Civilization.‡ I recount it for a purpose: to aid in the rebuilding of the wrecked civilization of Europe.

These changes must be, if the future is to hold a better fate for Europe than the past:

First: There must be a realignment of Europe upon racial rather than upon national lines. Let there be no more dynamite storehouses like Austria, with its seventeen different peoples and tongues. Let *like* seek and ally itself with *like*, racially: Engle Man of the North Seas with Engle Man; Teuton with Teuton; Latin with Latin. And the unstable Celt—like the Galatians over whom Paul lamented—mingling and losing himself in all, but furnishing the music, the artistic inspiration, the well springs of literature, to all, as his contribution in the building up of a new world humanity.

Second: There must be a line of absolute division between religion and the civil life of humanity. The monastery and the Pontiff Maximus of Rome did their work, and did it well, in the upbuilding of the Mediaeval civilization of Europe; but in the upbuilding of a new civilization they are as much out of place as the mammoth or the cave bear or

* Editor's Note.—Italics our own.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

** The author of this essay is Joseph P. Widney, M.D., D.D., LL.D., founder of the Los Angeles County Medical Association, who attained his ninety-sixth birthday on December 26, 1937. (See January CALIFORNIA AND WESTERN MEDICINE, page 4.) Biographical data concerning Doctor Widney were printed in CALIFORNIA AND WESTERN MEDICINE, April and May, 1936, on pages 292 and 396.

‡ For review of this book, see CALIFORNIA AND WESTERN MEDICINE, December 1937, on page 367.

saber-toothed tiger. *Requiescat in pace mortuorum.* The new civilization must have no religious wars. Civically, it must be neither for nor against religion. Each man, whether "infidel" or believer, must be free to settle with God for himself.

Third: No closed seas and no hostile fleets must ever separate the races from the field of their food supply. The future food supply for Europe is to come from Africa. The unused and arid lands of that continent must be equitably divided for reclamation and cultivation; and no Gibraltar-Suez line must ever intervene. The Mediterranean, in peace or in war, must cease to exist as a barrier between kitchen and storehouse. And no transverse line from Sicily to Tunis must divide East from West. The Mediterranean must be made a free highway for all races.

I have written, in the work to which reference has been made, of other problems which a rebuilt world civilization must face. These that I have now written are the problems of a rebuilt Europe. And Europe must face them or die.

3901 Marmion Way.
August 20, 1937.

JOSEPH P. WIDNEY,
Los Angeles.

HOSPITAL RADIOLOGISTS AND PATHOLOGISTS

The California Medical Association has now come out in favor of having doctors who practice radiology and pathology rent space (and equipment) of hospitals instead of having the hospital hire the doctors.[1] Two very enlightened men—one a radiologist, the other a hospital administrator—laid the groundwork of principle for this plan, and other enlightened men are adhering to these principles.

We are aiming to better the care of sick people. It is necessary that doctors do well enough financially so that able minds may be attracted to medicine as a career. It is necessary that hospitals make a financial success or decent hospital care will cease to be available. What magic is there in a particular type of financial arrangement between a hospital and a doctor (radiologist, pathologist) that will better the lot of both of them?

The matter would seem to rest at bottom on the professional side. The opportunity to cultivate his career for his own professional and financial advancement ought to attract as able men to hospital quarters as to downtown offices. There would be a displacement of a couple of types of laboratory specialists that one still sees often in hospitals, namely, the one not able or not experienced enough to stand on his own feet, and the one whom economic necessity forces to give first attention to his downtown office, leaving the hospital in the second place.

An able man building his own career in hospital quarters will pick up the responsibilities that go with this freedom. He will be always in the one place—his hospital office, which will encourage the staff doctors to ask him personally about findings and proposed examinations. His work will be tied to his name, his services will be of a doctor to other doctors and their patients. Criticisms of his work will come direct to him and not to the hospital management. Doctors will tell the radiologist to send for a patient and examine her chest, instead of telling the floor nurse to "get a chest x-ray." This gives him a chance to find out what is being searched for and an opportunity to mobilize the resources of his specialty. If he can make his examinations more helpful, he will be more often called upon. If he has unique abilities, patients will be sent even from downtown to make use of them.

The hospital staff, seeing more intimately the work of pathologist and radiologist, might voice their conviction as to whether Dr. A or Dr. B is good enough to be allowed to rent space in their hospital.

The radiologist renting space will be courageous in investing in new equipment, even more than where it devolves on the hospital, for he will have not only the need to keep his department technically efficient, but also to advance himself professionally.

It is not that the pathologist and the radiologist will do perfectly when "on their own." They will make all the usual mistakes of doctors. Availing themselves of permission to collect their own bills, they will likely pile up uncollectible accounts in a way no hospital business manager would tolerate. Yet even this shortcoming, being a mark of freedom, ought to be cherished. It is still permitted, we believe, to hold for the private practice of medicine.

As pathologists and radiologists do take on this recommended rental arrangement with their hospitals, and so gain opportunity to build themselves *in a hospital* a real medical career, they will have to conduct themselves like doctors, not technicians. They will have to get their shoulders under the responsibilities of caring for sick people. They will have to look as closely at their patients as at their shadows and effluvia. They have the opportunity of teaching the well-to-do to pay well and like it—and the duty of caring for the dead-beat for nothing, and liking that (or pretending to with as good grace as may be).

Theirs will be a difficult career. They will have to satisfy their patients, who do not know what is good medicine and what is bad; and also to convince their referring physicians, who do know or ought to.

Anyhow, here is opportunity—the possibility to develop in hospitals radiologists and pathologists who are not just doers of medical chores, but who can cultivate careers in which they can really take pride.

And when they have made a success they will be able to afford to pay their hospital a rental not inferior to what the hospital nets from its rooms. Moreover, the presence in the hospital of these successful specialists will prove attractive to the staff, whose patients make the hospital's prosperity.

The report refers also to university hospitals. The obligations and opportunities of teaching and

1 CALIFORNIA AND WESTERN MEDICINE, 46:419, June, 1937.

of leadership only accentuate the considerations already commented on. A pathologist or radiologist who accepts a straight salary, turning the fees from his practice into the school funds, may feel well repaid by the opportunities for research and some relief from the necessity to cultivate a private practice in order to make a living. But what a medical school does must have an influence on what the medical profession will take as acceptable. Schools ought, one would say, to lead as well as to point the way to what is best in the practice of medicine in general.

Stanford University Hospital.

ROBERT R. NEWELL,
San Francisco.

NEONATAL MORTALITY IN SAN FRANCISCO*

For the past decade the infant mortality rate in San Francisco has steadily declined. In 1934, the rate dropped to an all-time low of thirty-three per one thousand live births from thirty-nine in 1933, at which point it had been stationary for two years. A slight rise to thirty-five was seen in 1935, and a marked increase to forty-two occurred in 1936, the circumstance surrounding which rise having previously been described.[1]

NEONATAL PERIOD USED IN THIS STUDY

In San Francisco, as in other cities, the majority of the infant deaths occur in the neonatal period, which for the purposes of this study was considered under fifteen days. Other factors which vary from year to year influence the total rate, but over a period of ten years the neonatal death rate has been practically stationary. It was with this fact in mind that the present study was undertaken in order to determine, if possible, what factors were present in maintaining the rate level. Could this rate be reduced or had we reached that theoretical point called the irreducible minimum?

SAN FRANCISCO HOSPITAL FIGURES

It may be of direct interest to point out that the Department of Public Health, through the San Francisco Hospital and its out-patient obstetrical department, delivered in 1933, altogether, 18.2 per cent of the total births that occurred in San Francisco. In 1934, the same agencies delivered 15.5 per cent; in 1935, 14.2 per cent; and in 1936, 11.2 per cent. This reduction is quite remarkable, and is perhaps the most sensitive index to the return of a better economic era.

It could be further pointed out that the ratio of births delivered by these services of the Department of Public Health and the low mortality rate of thirty-three in 1934 may be of some significance. Likewise, the rising infant mortality rate which has occurred in the city and county of San Francisco since 1933 and the decrease in the number of births delivered by the services of the Department of Public Health may be equally significant. It is desired to state, however, that no criticism is intended of the private physician, nor any credit assumed for the excellent record of the departmental services, because it is realized that the pregnant woman, in selecting a physician, quite often materially delays the decision and, in our experience, the private physician does not see the case as early as the out-patient clinic of the Department of Public Health.

For the past six years the out-patient obstetrical service of the Department of Public Health has performed the Wassermann test on all pregnant women coming under its supervision. It may be of additional interest to show that the percentage of positive Wassermann tests has averaged approximately 4 per cent.

NEONATAL DEATHS STUDIED

A total of 231 neonatal deaths occurring between January 1, 1936 and April 30, 1937, were studied. These represent a typical section out of any period in the last decade with reference to the relative

* From the office of the Director of Public Health, City and County of San Francisco.

1 "Infant Mortality in San Francisco," California and Western Medicine, Vol. 47, No. 2 (Aug.), 1937.

TABLE 1.—*Premature Birth (159*)*

Cause of Death	Autopsy			No Autopsy		
	Male	Female	Total	Male	Female	Total
Prematurity	18	7	25	31	21	52
Atelectasis	13	11	24	8	11	19
Preëclamptic toxemia	--	--	--	0	3	3
Asphyxia	--	--	--	3	0	3
Enteritis-diarrhea	1	1	2	0	2	2
Acute yellow atrophy of liver	--	--	--	0	1	1
Convulsions	--	--	--	0	1	1
Respiratory infections	1	1	2	1	1	2
Hemorrhagic disease new-born	1	0	1	--	--	--
Totals	34	20	54	43	40	83

* International List No., 1930.

TABLE 2.—*Congenital Malformations (157*)*

Cause of Death	Autopsy			No Autopsy		
	Male	Female	Total	Male	Female	Total
Congenital malformations of heart	4	2	6	4	2	6
Atelectasis, asphyxia	1	1	2	0	1	1
Marasmus, enteritis	0	1	1	..	..	..
Bronchopneumonia	1	0	1	..	..	..
Other congenital malformations:	..	..	..	..	..	..
Spina bifida, meningocele	1	0	1	..	..	..
Palate, enlarged thymus	1	0	1	..	..	..
All other malformations	0	3	3	2	3	5
Totals	8	7	15	6	6	12

* International List No., 1930.

incidence of the several classifications. Of the 231 deaths, 132 were males and 99 females. Diagnosis was confirmed by necropsy in 101 instances, or 44 per cent of the total.

CAUSES OF DEATH

The greatest cause of death among the neonatal group is prematurity (Table 1), which was responsible for 137 in this group, of which seventy-seven were males and sixty females, and of which fifty-four, or 39 per cent, came to necropsy. Prematurity as a cause of death is given preference when reported jointly with certain other causes, and Table 1 indicates the joint causes appearing in the group studied. In twenty-five cases that came to necropsy the cause of death is prematurity alone. In twenty-nine other necropsies in the premature group, additional causes were found. The postmortem findings in this group of fifty-four, of course, would have to be reviewed with considerable detail in order to determine what caused the deaths to be diagnosed as premature.

Pathologists themselves are quite willing to admit a certain percentage of unsatisfactory results in this group. Much too frequently they are compelled to rely on the history and the measurements for the diagnosis of prematurity, for the simple reason that prematurity *per se* does not leave any recognizable changes at necropsy; and prematurity is given as the sole cause of death, because no sign of tissue change which would cause death is found. The theory advanced by some that these deaths are physiochemical in character offers a field for investigation which as yet is relatively untouched.

The second important group of neonatal deaths, according to the International Code, is congenital malformations. A total of twenty-seven makes up this group (Table 2), with fourteen males and thirteen females, of which number fifteen, or 55 per cent, came to necropsy. These causes are self-explanatory and require no comment, as, naturally, they originate *in utero*. The relatively high percentage of necropsies in this group is significant,

TABLE 3.—*Injury at Birth (160b*)*

Cause of Death	Autopsy			No Autopsy		
	Male	Female	Total	Male	Female	Total
Injury at birth	0	1	1	..	..	..
Cerebral hemorrhage	2	0	2	..	..	..
Edema of larynx	..	..	..	1	0	1
Asphyxia	..	..	..	3	0	3
Atelectasis	..	..	..	0	1	1
Cerebral hemorrhage	2	2	4	2	3	5
Hemorrhagic disease, asphyxia	..	..	..	0	1	1
Enlarged thymus	1	0	1	1	0	1
Prolonged labor, version delivery, cord prolapse	..	..	..	0	1	1
Tentorial tear	1	0	1	..	..	..
Atelectasis	2	0	2	..	..	..
Breech presentation	1	0	1	..	..	..
Totals	9	3	12	7	6	13

* International List No., 1930

TABLE 4.—*Other Causes*

Cause of Death	Autopsy			No Autopsy		
	Male	Female	Total	Male	Female	Total
All other causes:						
Atelectasis	1	0	1	1	0	1
Difficult labor	0	1	1	1	1	2
Asphyxia neonatorum	2	1	3	4	1	5
*Gastroenteritis	1	1	2	--	--	--
Bronchopneumonia, otitis media, mastoiditis	1	0	1	0	1	1
Bronchopneumonia	1	0	1	0	1	1
*Bronchopneumonia	1	2	3	0	2	2
Icterus	1	1	2	1	1	2
*Pneumonia, interstitial, septic infarction lungs	1	0	1	--	--	--
*Acute tracheitis	--	--	--	0	1	1
Pemphigus neonatorum	--	--	--	2	0	2
Malnutrition	--	--	--	1	0	1
*Acute toxic nephritis, anasarca	0	1	1	--	--	--
*Volvulus, small intestines	1	0	1	--	--	--
Hemorrhagic disease of newborn	1	0	1	--	--	--
*Streptococcic meningitis, predelivery infection of child	0	1	1	--	--	--
*Status lymphaticus	--	--	--	2	0	2
*Streptococcic peritonitis	1	0	1	--	--	--
*Cancer metastatic	--	--	--	0	1	1
Baby did not breathe at birth (lived six hours)	--	--	--	1	0	1
Totals	12	8	20	13	9	22

* Classified outside of diseases peculiar to early infancy (161).

suggesting the possibility that in the presence of a recognizable abnormality the curiosity of the attending physician is aroused and extra pressure is exerted to secure a necropsy.

The third group classified is one which may lead to considerable misunderstanding. The heading in the International Code (160 B), "Injuries at Birth," lists as a subheading, cerebral hemorrhage directly as a result of injury; also, in the same division, cerebral hemorrhage from any cause whatsoever without reference to injury. Many instances of cerebral hemorrhage are entirely unrelated to trauma as an etiologic factor, and the classification of such deaths under the general heading, "Injuries at Birth," is misleading. In the group studied (Table 3), there were twenty-five deaths, of which sixteen were males and nine females, with twelve necropsies, or 48 per cent. The need for very careful reporting of these deaths, and especially the need for a greater percentage of postmortem studies in this group, is apparent if the present situation is to be clarified.

The fourth group (Table 4) does not follow the International Code classification because there is only one death (occasionally two or three) listed under each cause. Some of these causes come under the heading, "Other Diseases Peculiar to Early Infancy," and others marked (*) have a classification of their own; but, with twenty causes of death among forty-two deaths, the number in any group is too small to be of significance. Attention is called, however, to the evident fact that those diagnoses without necropsy mean very little from either a statistical or pathological point of view. As in Group 3, there were 48 per cent that came to necropsy.

SUMMARY

1. Neonatal deaths among male infants are more numerous than among female infants in the ratio of approximately 132 to 100. Compared with the birth ratio of 106 to 100, this is an actual as well as a relative high death rate among male infants.

2. A definite need exists for the further investigation by physiochemical studies of the premature infant, both antemortem and postmortem.

3. Except in the premature group, diagnoses without necropsy are always open to question and, if reliable information is to be secured, a greater number of carefully recorded necropsies must be performed.

4. Careful reporting to the local registrar and health officer of the cause of every neonatal death should be the first duty of the physician.

101 Grove Street.

J. C. GEIGER,
P. S. BARRETT,
San Francisco.

ORIGINAL ARTICLES

THE CRIMINAL INSANE*

By RUGGLES A. CUSHMAN, M.D.
Talmage

DISCUSSION *by Edward W. Twitchell, M. D., San Francisco; A. M. Kidd, Professor of Criminal Law, Berkeley; Milton B. Lennon, M. D., San Francisco.*

THE term, "criminal insane," is commonly applied to public offenders who are suffering from psychoses or from mental deficiency. There are about four hundred of this class in our California state institutions, about three hundred of whom are confined in the Mendocino State Hospital, which has been semi-officially designated the hospital for the criminal insane; one hundred, of various degrees of mental disturbance, in the State penitentiaries; and the remainder, most of whom have committed minor offenses only, scattered throughout the remaining state institutions. How many are still at large we cannot tell, nor how many border-line cases there are in the penal institutions and jails.

"CRIMINAL INSANE": ITS MEANING

To the psychiatrist and the jurist, through whose hands these four hundred or more have passed, the term "criminal insane" means something different from this general conception, or, perhaps we should say, means nothing, and is just a loose and convenient combination of words. From the psychiatric point of view these people do not differ from any other group of mental patients of like number. Some come to the State Hospital from Tehachapi, Folsom, and San Quentin, having been diagnosed there as mental cases, after conviction; some come from the various counties before trial, because they have been found legally insane and so not subject to trial until recovery. But the majority of them come after trial, when they have been adjudged not guilty by reason of insanity. To the psychiatrists at the hospital they are like other patients, except that they arrived under a different kind of commitment, and they are treated like the others, except for the extra caution used to prevent their escape.

From the legal point of view, the term "criminal insane" is wholly inconsistent, and has even less significance. As a legal principle, one cannot be insane and a criminal at the same time. An idiot and an insane person cannot commit a crime, the law declares, but adds in effect, "The law is going to define what an idiot or an insane person is, however, and not the psychiatrists."

BETTER CLASSIFICATION NEEDED

The "criminal insane" classification is loose and inadequate, both from the psychiatric and legal point of view, and should be replaced by a more scientific phrase, just as the term "insanity" has been discarded in psychiatry because it is no longer adequate to include all the facts and theories which have developed in that field. For the purpose of this paper, we will now use the expression as embracing all that class of psychotics and mental deficients who reach our public institutions through criminal-court proceedings.

It is in these proceedings that the conflict between medical and legal conceptions of mental disease is displayed so noticeably. The disadvantage is all on the part of the psychiatrist, because he must conform to the law, not the law to the psychiatrist, and because the law is out of step with modern psychiatry.

We can see how complete this disadvantage is when we consider that even though the prisoner whom the psychiatrist has been requested to examine is found to be definitely psychotic, and though opposing counsel, the judge, even the jury, accepts his diagnosis as correct, still, according to law, the defendant may be found sane, perhaps sentenced to hang. On the other hand, a defendant may be found not guilty by reason of insanity when all the alienists on both sides have testified he has no psychosis.

PSYCHIATRIST IN COURT PROCEEDINGS

At the various stages in a criminal proceeding, the psychiatrist, who is examining the prisoners, discovers that none of them is there for the primary purpose of making a diagnosis, but rather he must ever be vigilant in preparing himself to answer questions of fact upon which he will be cross-examined in court, and which are concerned not with psychiatry, but with lay tests formulated by courts and jurists centuries ago. Further, he must be prepared to face a different line of quizzing for every stage of his examination.

For example, at one stage of the trial, the test of the prisoner's sanity is whether he is capable of making a rational defense; at another, whether he is capable of understanding why he is being punished; at another, whether he knew what he was doing when he committed the offense, and if he did, whether he knew the act was wrong; and so on; for the law's definition of insanity shifts in different proceedings and at different stages. The test is never, whether the offender had or has dementia praecox or paresis, or some other such classification, questions in which the law has no interest except as they throw light on these lay and highly metaphysical matters.

WEAKNESSES IN THE COURT PROCEDURE SYSTEM

As one result of this condition, we receive these offenders in the state hospitals, not on the diagnoses made by the alienists at the trials, but on replies made by them to these test questions, about which they are little more capable of judging, distinguished authorities though they may be, than anyone else. To add to the farce, a lay jury weighs this evidence, and makes the final diagnosis of "guilty" for the sane, or "not guilty" for the insane; and so no wonder the psychotics often go to the penitentiaries and the malingerers to the

* From the office of the superintendent, Mendocino State Hospital, Talmage, California.
Read before the Neuropsychiatry Section of the California Medical Association at the sixty-sixth annual session, Del Monte, May 2-6, 1937.

state hospitals. Also, not surprising that dangerous criminals get by with pleas of insanity, a year at the hospital, then release to prey upon society again. For this release the hospital authorities are usually blamed, though they have no legal right to hold them longer.

Another court proceeding which brings the psychiatrist into popular disrepute is the manner in which he must testify as an expert. Testifying on the opposing side perhaps are other experts. Because of this fact, and because, in border-line cases such as most of these defendants are, these experts disagree in their opinion, the public often insists such opinions are bought. While it is true, as in every trade or profession, there may be this venial type, it is far more true and common in practice that what the psychiatrists are disagreeing over is not the medical diagnosis but these non-medical questions which are put to them and which they are trying conscientiously to answer, such as "What is right?" "What is wrong?" "Did this defendant know he was doing wrong?"

REMEDIAL LEGISLATION NEEDED

Now all this may seem like a heavy criticism of our courts of justice, but it is not so intended and will not be so understood if we recognize that our penal system is based on the doctrine of responsibility for our acts. The only two large countries which have overthrown this doctrine of individual responsibility entirely are the State of Mexico and Soviet Russia. For the sake of providing a proper defense of these four hundred more or less unbalanced offenders, we would not desire to overturn our criminal courts. All we desire is remedial legislation. This system has its faults, among which are those I have related, but it is the solid foundation upon which our present social and moral life is built. It was a long step in advance when, upon this doctrine of responsibility of every person was grafted the new principle, that insane persons are not responsible and cannot commit a crime. The next step is for psychiatrists and jurists to come to a better understanding as to what insane people are. The difficulty is not that juries and the legal profession as a whole do not wish to meet the psychiatrists halfway. It is in accomplishing this purpose without infringing upon this doctrine of free will and responsibility, and without taking away a prisoner's constitutional right of trial by a jury of his peers, and superseding it with a trial by a jury of psychiatrists.

PROCEDURE IN CALIFORNIA

In short, the conflict between the two professions is a technical one chiefly, and not one of principle. California, we are proud to say, is one of the leading states in this effort toward reform, though there is still so much to be done. Our more eminent judges use every means within the principles and rules of present law to give the courts and juries the benefit of the judgment of the psychiatrist, and make use of his knowledge. California is one of the few states which has enacted a law making it the duty of the judge, when a defendant pleads "not guilty by reason of insanity," to appoint one or more psychiatrists as friends of the court to examine the prisoner, the theory being that such an appointment will preclude any question of bias on the part of such alienist and his testimony will thus become more valuable.

Also, many judges are commencing to see the value of sorting out the mentally unsound defendants before trial, rather than going through the ordeal of trial by a lay jury and having them found guilty, sent to the penitentiary and from there to the hospital, as often happens; and also doing away with the expense of a trial. This is a procedure that is specially urgent, and can be done without any infringement on any present law.

Also, our courts in California are inclined to discourage the determination of a defendant's sanity by the use of the hypothetical question on the witness stand, whereby an alienist draws his conclusion and makes a so-called diagnosis from the outline of the history of the case in a question drawn up by the attorney examining him. The tendency now is to provide for the examination of the prisoner himself by the alienist, the advantages of which are readily understood.

THE "1026 LAW"

An effort at reform was initiated by the Legislature and approved by the courts, but from the point of view of the psychiatrist it has proved far from successful. This is the so-called "1026 law," whereby under this section of the Penal Code a defendant must offer his plea of "not guilty by reason of insanity" as a separate plea, while formerly this question was tried along with his "not guilty" plea. If the jury finds him not guilty by reason of insanity, this law provides he shall be committed to a state hospital for one year, unless it shall appear to the court he has fully recovered his sanity. At the end of the year he may apply for release. If at the hearing he is found to be still insane, he is returned to the hospital. If recovered, he is discharged. He cannot apply for release again for another year if he is found to be still insane, and so on, yearly.

The purpose of the enactment was, doubtless, to prevent a defendant from walking out of the courtroom a free person after acquittal, and often a dangerous one; or if committed to a hospital because his insane condition still exists, to prevent him from applying for a writ of habeas corpus at once, and so securing release.

The principle seemed reasonable, but what has been the result? For one thing, this new law acts as an invitation for every criminal to use the special plea. Nothing is lost by making the plea and a great deal may be gained, for the matter of his guilt has already been tried. These defendants are usually border-line cases, often downright malingerers, or sometimes, persons actually sane for whom the juries feel a certain sympathy, so that they wish to ease down on the punishment by providing a year in the hospital instead of a term in the penitentiary. For, if the defendant has a well-defined psychosis, the judge will in all probability, on his own initiative, have a hearing on the prisoner's sanity before the trial for his offense,

and send him to the hospital, since a prisoner cannot be tried while insane.

On their successful plea of insanity, these individuals reach the hospital and at the end of the year they apply for release. Unless suffering from a definite psychosis, the hospital staff can only testify that they are sane, and the judge is bound to release them. So the problem of the abuse of the plea has not been solved, merely dumped into the lap of the state institution officials and the judge who must sign the discharge, against all of whom there is much public dissatisfaction expressed.

HOW THE LAW WORKS OUT IN PRACTICE

It is a common occurrence in the Mendocino County courtroom, where most of these applications for release are heard, for the witness to testify that he feigned insanity at his former trial, even show how he did it, and so the judge is forced to discharge him, since there is no evidence of insanity on which to hold him. This is no reflection on the psychiatrists who examined these defendants prior to their commitment, for they were committed upon the verdict of a lay jury. Further, the diagnosis of the examining physicians is usually based on a few hours' observation, when it should be at least a month's observation. It is made under the most unsatisfactory conditions, while these border-line cases and malingerers have usually spent a goodly share of their lives passing in and out of hospitals and penal institutions, and have an actual technique which they pass on from one to another, for getting into hospitals instead of jails and penitentiaries. In addition, is the problem of being compelled to keep these sane criminals in the hospital for the required year, as they are all potential escapes.

LAW SHOULD BE AMENDED

For these reasons, we feel that the law should be amended and supplemented by provision that, before a prisoner is tried upon his insanity plea, he shall be sent to a state hospital for one month or longer, if possible, for continued observation. If found actually suffering from a mental disease, he could be detained until recovery without the expense and ordeal of a trial, and then be tried on a fair basis. If found sane by the hospital staff, his opportunity for escaping by means of an insanity plea would not be so favorable. Also, justice would be done to that type of offender who is actually suffering from a psychosis, but who, due to popular feeling against his anti-social act, is often dealt with most unjustly.

Colorado, Ohio, Maine, Vermont, and New Hampshire have such a law, committing the defendant to a state hospital for observation if he pleads insanity as a defense. Colorado and Ohio provide that the detention shall not exceed one month's period; Maine and Vermont provide that the judge may (not must) order the defendant into the care of the hospital superintendent "until further order of the court, that the truth or falsity of the plea may be ascertained." New Hampshire has a similar law. Experience in other states having proved such legislation practical, an attempt was made to introduce a similar law by a bill submitted at the last session of the Legislature here in California. But the attempt was unsuccessful, though we are hoping it may be accomplished next term.

OTHER REFORMS

There are other reforms which it is hoped may be introduced into the California law, with a view to bringing it more into step with modern psychiatry. The legal court test of insanity in a trial for an offense in this state is whether the person was so disordered in mind when he committed the act as not to know the nature and quality of it, or if he knew this, did he know that the act was wrong? The answer to these questions by the psychiatrist must be "yes" or "no." The defendant must be found either responsible and, therefore, sane or irresponsible and, therefore, insane, to meet legal requirements in most of our states, including California.

In some states the test has been modified to include the test of the defendant's volitional powers, the so-called "irresistible impulse" test; in some states the doctrine of partial irresponsibility is indirectly accepted, but only in mitigation of punishment, when records or testimony may be presented to the judge after trial and before sentence. A famous case where this was done was at the Loeb-Leopold murder case in Chicago. In California, as in most states, it is not permissible. Also, in California and most states, a person with insane delusions is legally sane and irresponsible in spite of them unless the facts of the delusion, if true, would justify a reasonable man in committing the offense. That is, a person with delusions is guilty unless he acts like a reasonable man! There are other tests which time will not permit us mentioning, but which are in need of modification. Back of all these efforts at change is a desire to amend the old conception that man is all conscience and intellect, and give recognition to the compelling power of the emotions, just as modern psychiatry is doing.

THE MASSACHUSETTS LAW

This paper would be incomplete without a paragraph concerning the Brigg's Law of Massachusetts, which we hope may be a pattern for a similar law in this State. It is based on the principle of an automatic examination for all persons who have committed major crimes, and for recidivists. This examination is made by the psychiatrists who are appointed by a professional organization—the Department of Mental Diseases of the Commonwealth—and who are both representatives of the court or of either party, thus removing the report from suspicion of bias. The records are kept by the State Board of Probation, and are accessible to the District Attorney, attorneys for the defense in any trial, and, of course, the judge. They also reach the jury, as the examining psychiatrists may be summoned by either the defense or the prosecution. The statute is worded so that the question of whether the mental disease would affect the subject's criminal responsibility is decided in advance of the trial. If the defendant is found to

be suffering from mental disorder, he is immediately committed to a hospital until his recovery. Some of the advantages are elimination of a trial by jury when the psychiatrists pronounce the offender insane, savings to the State in expense of trial, lack of opportunity to feign insanity, plenty of time for observation on the part of the examining psychiatrists, and humane treatment of the insane criminal. Such a change in our law would also benefit that type of defendant who, though pronouncedly psychotic, shows no symptoms to the lay mind, so that even his attorney oftentimes does not suspect his condition and advises a plea of insanity. Thus, a victim of ignorance, he may plead guilty or be found guilty wrongfully. Mr. Winifred Overholser, Commissioner of the Department of Mental Diseases of Massachusetts, just resigned, has issued a most interesting booklet of the operation of this law. The Criminal Law Section of the American Bar Association has recommended that the scope of the statute be extended to include all felonies. We, who are specially interested, hope its principles may be enacted into the laws of our State.

I have desired, in this paper, to point out a few of the difficulties the psychiatrist must meet when called upon to examine offenders and testify in court concerning their mental condition; and to suggest a few much-needed reforms.

IN CONCLUSION

In conclusion, I would ask that you give all the assistance you can to the efforts being made to induce the Legislature to support these reforms; particularly the enacting of a law providing for the examination of the offenders pleading insanity by psychiatrists with plenty of time for observation at a state hospital. I have attempted to show the special need for this legislation, and, with sufficient support and interest, it can be accomplished. I thank you for any coöperation you can give and for the considerate attention you have shown me today.

Mendocino State Hospital.

DISCUSSION

EDWARD W. TWITCHELL, M.D. (909 Hyde Street, San Francisco).—It is quite true that the term "criminal insane" lacks in many respects of being perfectly suitable. That is true of a great many terms in common use, but they are continued until an acceptable substitute is found.

While it may be true, from a legal point of view, that the term is inconsistent and that, legally, one cannot be insane and criminal at the same time, in actual fact it is true that one can be insane and criminal at the same time. There are many insane, even insane who are in state hospitals, who in spite of their psychotic condition, if the term "insanity" be objected to, have an excellent understanding of what is right and wrong, and are able to control themselves so far that they refrain from doing wrong. There is many a paranoid who believes himself to be persecuted, but does not attack his persecutor because he feels it wrong to disobey the laws; while, on the other hand, there are those who are quite aware that their mental condition is a protection to them and would take advantage of it to commit all sorts of illegal acts. The vast majority of the insane, of course, are without the ability to reason correctly and are admittedly irresponsible.

The duty of the psychiatrist in court is to aid the court and the jury to determine this responsibility or irresponsibility. The method at present in use in this State is not calculated to give the courts the aid that they need. It was thought a great step had been taken forward when judges were ordered, in all cases of doubt, to appoint three psychiatrists to examine the accused who pleaded not guilty by reason of insanity. This is correct in purpose, but it does not always work out well in practice because, for one thing, judges are not always good selectors of psychiatrists. The judge may think his personal friends are excellent psychiatrists, while actually they may be incompetent, and though, as is mandatory, one of those selected must be from the staff of a state hospital, not every member of the staff of a state hospital is necessarily a good forensic psychiatrist. The result is often that the commission of three is entirely dominated by one who is followed obediently and blindly by the two others.

Even if the commission were all your fancy paints, this commission has inadequate time and opportunity for examination. The attorney for the defense has told his client, under no circumstances to permit examination by the doctors appointed by the court, so the doctors appointed by the court must report without having had opportunity to make any sort of physical examination or even a proper mental examination, and their opportunity for getting family and past history may be so small that they are practically ignorant of the prisoner's antecedents and personal history. The attorney for the defense will not permit this examination because he regards the doctors appointed by the court as too close to the district attorney, and he will not trust the district attorney. Experience has taught him that district attorneys are not always to be trusted. Two ways out of this difficulty have apparently been found: one in the Briggs law and the other the Colorado procedure, where the patient is put for a month in a state psychopathic hospital for observation, that the staff may report to the court at the end of this period of examination. As compared with our present-day methods, there is no question that either one of these is preferable to our own.

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A. M. KIDD, Professor of Criminal Law, University of California, Berkeley).—Ideal legislation on the subject of insanity as a defense to crime presents constitutional problems, as well as the difficulties of persuading the people that it should be adopted. There is, however, a practical solution, which should work pretty well, utilizing the law as it now stands with very little change. Accept the right and wrong test to its fullest extent. Practically every defendant who comes before the court possesses that minimum. In fact, there are very few inmates of the state hospitals for the insane who do not know that the common crimes are forbidden by law. Those who are obviously so far mentally alienated that they do not know the difference between right and wrong are not tried. The judge and the district attorney recognize their condition, and send them to a state hospital. As Doctor Cushman says, "If the defendant has a well-defined psychosis, the judge will in all probability, on his own initiative, have a hearing on the prisoner's sanity before the trial of his offense and send him to the hospital, since a prisoner cannot be tried while insane." With a month's observation, as Doctor Cushman recommends, the result would be a larger number of cases sent to the hospital without trial.

In the cases that are tried, the defendant can and should be convicted. The evidence of a psychosis, unless it goes to the length of establishing that the defendant did not know that what he did was contrary to law, should be of no importance on the trial. Something has been made of the theory of the power to choose, but, as has been said: "Whatever the compelling power of the emotions, the defendant still knows what is right and what is wrong according to law. The absolutely irresistible impulse is an extreme abstraction." By applying the right and wrong test literally, practically every defendant who comes to trial would be convicted and would be detained for an indefinite term with a high maximum, for the maximum penalties in California are very high.

Moral responsibility is a theological question to which the law can give no answer. Unquestionably, the man with bad heredity and environment, suffering from a psychosis, even though he knows the law of the land, is not as responsible as the winner of the Eugenic Prize. But the law can do nothing about this difference. The fact is that the former is dangerous to society and the latter is not.

The next important step is to hold in an adequate institution for the criminal insane, those who have definite psychoses and would be benefited by their treatment in such an institution. In 1905, an institution for the insane person charged with felony was provided for by an act of the legislature. The building was started, but not completed. The location was at Folsom, an obviously undesirable place. A suitable building in a suitable location should contain a block of maximum security cells and detention places down to minimum security, according to the condition of the patient. Doctor Cushman and an architect would have no difficulty in designing such an institution. The present hospital at Ukiah is not equipped for persons with criminal tendencies and the ability to escape, and too many of the staff are political appointees. Much of the criticism of the present law arises from that fact. Not so many years ago a defendant, a colored man, was found insane and sent to Ukiah. In a few weeks he was back again before the same judge. The judge asked for an explanation. The defendant gave it. "I was in the yard and an attendant came up and says to me, 'Nigger, you ain't crazy.' 'Why, yes I is,' I says. 'See here, Nigger,' says he, 'I am going away and I am not coming back for fifteen minutes. If you are here when I get back, then you *are* crazy' and, Judge, when he came back I wasn't there."

An institution, properly built and staffed, would solve most of the problems, with no change in the law. The solution does not differ substantially from the English law. There the jury is permitted to find the defendant guilty of the act, but so insane as not to be responsible according to law. The court then orders the prisoner to be kept in custody as a criminal lunatic until His Majesty's pleasure shall be known, and His Majesty is pleased not to release him. The result is that the defense is rarely made by defendants except in capital cases. A conviction for robbery or burglary involves perhaps a two- or three-year sentence to prison, but a finding of guilty but insane means detention for life.

If the medical experts knew that a defendant found guilty under a right and wrong test would be put in an institution for the criminal insane if suffering from a psychosis and in such institution would be cured, if possible, otherwise detained for the maximum term, there would be less reluctance to find the defendant sane according to the law. Under the law as it is at present, the experts for both sides, if reasonably competent, usually agree as to what is the matter with the defendant medically, but the prosecution experts say he knows the difference between right and wrong in relation to the law of the land as applied to the act that he did. The defense experts say that may be so, but a man so seriously diseased ought not to be sent to prison. The absurd hypothetical question makes a difference appear between the experts, where there is none in fact. The defense counsel consumes a couple of hours in reading a question embodying all the testimony favorable to the defense and omitting everything else. The answer of the experts to such a question is, naturally, that the defendant is insane. The prosecution presents its side of the testimony in a similar hypothetical question embodying the testimony for the prosecution and, obviously, the answer is that the defendant is sane. The experts are made to appear in opposition, whereas neither has had an opportunity to answer a question as to the actual state of the defendant based on the evidence and personal examination. Fortunately, as Doctor Cushman points out, reasonable judges are now utilizing the reports of competent nonpartisan experts. The recent power of the judge to comment on the evidence gives him the opportunity to tell the jury the truth about the hypothetical question.

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MILTON B. LENNON, M.D. (384 Post Street, San Francisco).—Doctor Cushman's wide experience with the problems of the so-called "criminal insane" gives him the halo of some authority.

We who have had but a minor experience have a sense of overwhelming insufficiency when we view the problem. Its facets are many. The legal side is mixed up with the medical aspects, and yet a certain deal of common sense should help to solve the question. The rights of the individual and of the public must be conserved.

A man is indicted as the perpetrator of a crime. The judge may recognize the fact that he has a psychosis, appoint a psychiatric board, have an investigation, and immediately commit him to a state hospital.

Another indicted individual may make a twofold plea: First, "Not guilty," and second, "Not guilty by reason of insanity." He and his lawyers have a dual purpose. If he is found guilty a second trial on the insanity plea is made, with the hope that the jury will find a verdict of insanity, and that, instead of a long sentence in prison, he will be sent to a state hospital. At the end of a year he can start proceedings to be discharged from the state hospital. Remember, that a lay jury has brought in the verdict of insanity, and that at times this is done in the face of unanimous medical testimony to the contrary. Careful study during the year's stay at the hospital may fail to disclose any psychosis, and hence the superintendent has no alternative than to discharge the patient.

Again a man may be adjudged insane by the jury, and this time in conformity with the medical evidence. At the hospital careful study by the superintendent and his staff may lend further evidence of a psychosis. Even such an individual may, at the end of a year, bring legal action and attempt to be discharged. What is more, men have succeeded in regaining their freedom despite the protests of the hospital superintendent. Now such things do not happen often, but they never should happen.

There should be no double plea, and if there is the usual second part should take precedence over the first. If the plea is made of "Not guilty by reason of insanity," I am in hearty accord with Doctor Cushman's valuable suggestion. An intensive psychiatric study of the individual should be made. In some instances a conclusion can be quickly reached, in others only a time-consuming investigation will lead to a logical diagnosis. Hence, the period of stay at a hospital should be left entirely to the discretion of the superintendent. In this way no psychotic patient will find himself in jail. The malingerer will be ferreted out by observing eyes.

We of the medical profession should use every means to bring about legislative action that will further Doctor Cushman's proposal.

Equally important, in my opinion, is a change in the law that permits a patient to take legal steps toward his discharge at the end of a year. A longer period, say of five years, should be substituted before such an action is permitted. The matter should be far more a medical than a legal question. A proviso might be made that, after a year and at the discretion of the superintendent, a patient may be discharged if the psychosis is cured, and no superintendent would hold a patient if such were the case.

COCCIDIOIDES IMMITIS INTRADERMAL SKIN REACTION*

A PRELIMINARY REPORT OF 449 CASES

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AND
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THE purpose of this paper is to evaluate the coccidioides skin test as a diagnostic measure. To our knowledge there has been no previous similar report in the literature. Jacobson,[1] using a filtrate of a coccidioides growth on Sabouraud's bouillon, tested six noninfected persons and obtained negative results except in one case of blastomycosis. A positive reaction resulted in six patients with coccidioidal granuloma. He stated that coccidioides immitis produces a filterable substance

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Note.—Since this paper was submitted for publication we have encountered a case of coccidioides of the lung in a white male, proved by biopsy, which gave a negative skin reaction.

which gives a characteristic skin test on patients with coccidioidal granuloma, as does tuberculin on patients with tuberculosis. Cooke [2] using (*a*) a filtrate, (*b*) an emulsion of mycelia, and (*c*) a suspension of spores, both intradermally and by the Von Pirquet method, obtained positive results on a case of coccidioidal disease and six controls. He concluded that there is no specific skin reaction in coccidioidal granuloma. Hirsch and Benson,[3] on the other hand, concur with Jacobson [1] that coccidioides immitis, cultured in liquid media, produces a soluble specific substance that yields a cutaneous reaction in infected persons. Furthermore, Hirsch and D'Andrea [4] found that guinea pigs could be sensitized with broth culture filtrates of coccidioides immitis and killed dried mycelia. Positive skin reactions were obtained with different strains of the mold, thus showing that there is no specificity of strain. The testes of sensitized animals produced acute inflammatory exudates in the presence of antigen, so that these observers believed the skin reaction to be on an allergic basis probably.

METHOD

The material used in this study was prepared in the following manner. An old broth culture (1925) of coccidioides immitis, mycelia and spores, isolated from a patient with the disease, was heat-killed, dried and suspended in normal saline. Phenol was added as a preservative. The material was standardized so that each cubic centimeter of solution contained 0.1 milligram of the culture.

One-tenth of a cubic centimeter of the above material is injected intradermally on the flexor surface of the forearm, and the reaction is read in twenty-four, and again in forty-eight hours. Normal saline is used as a control. A positive reaction consists of an area of induration 5 millimeters or more in diameter about the site of injection at the end of the forty-eight-hour period.

DISCUSSION

This series comprises 449 tests done on patients ranging in age from ten months to eighty-five years, and hospitalized in San Francisco, San Joaquin, Kern, and Fresno counties. In this group there were twelve cases of coccidioidal granuloma, 177 tuberculous infections, and 260 miscellaneous diseases. The coccidioides cases cited above were proved either by identification of the organism from the lesions or by autopsy. Table 1 lists the incidence of positive skin reactions in various conditions.

TABLE 1.—*Incidence of Positive Coccidioides Skin Test*

Classification	Total Number of Cases	Number Positive	Per Cent Positive
Coccidioides	12	12	100.0
Tuberculosis	177	49	27.5
Other diseases	260	11	4.2
Total	449	72	16.0

TABLE 2.—*Coccidioidin Reactions in San Joaquin Valley and Other Areas*

Location	Total Number of Cases	Number Positive	Per Cent Positive
San Joaquin Valley	184	37	21.0
Other areas	253	24	9.5

The coccidioides intradermal skin reaction was positive in all twelve patients with proved coccidioidal granuloma. Previously, Miller [5] had pointed out that a positive skin test is invariably obtained in patients with the disease.

A striking feature of our results is the high incidence of positive reactions in tuberculosis. Beck, Traum, and Harrington [6] have called attention to the close relationship between the tuberculin and coccidioidin tests in animals. They observed positive tuberculin reactions in guinea pigs injected with coccidioides immitis. Further investigation of the interrelationship of these two diseases should be attempted.

Occasional positive skin tests (4.2 per cent) were obtained in a group of 260 patients with miscellaneous diseases other than tuberculosis or coccidioides. It may be that a diminution in concentration of the material employed will reduce or eliminate false positive reactions. Further study along such lines is contemplated.

San Joaquin Valley is regarded as an endemic area of coccidoidal granuloma, and a comparison of the results of intradermal skin tests in this region with the other areas is shown in Table 2.

In 184 patients without a previous history or evidence of a coccidioidal infection, resident in the San Joaquin Valley, there were 37 (21 per cent) positive reactors, while in a group of 253 cases living in other regions of the State only 24 (9.5 per cent) were positive. The incidence of tuberculous infection was approximately the same in both series. These results are interesting in view of the fact that it has been suggested [5] that perhaps in endemic areas some inherited resistance may be built up through many generations, or some people may acquire coccidioidal granuloma in a mild form from which they recover and develop a resistance. However, the mechanism of immunity in coccidioidal granuloma remains still unsolved.

SUMMARY

Intradermal skin tests with killed coccidioides organisms were carried out on 449 hospitalized patients. All twelve patients with proved coccidioidal granuloma reacted positively. Positive reactions were obtained in other conditions, particularly tuberculosis. A higher incidence of positive reactors was found in noninfected residents of the San Joaquin Valley, an endemic area, than elsewhere in the State.

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PHASES OF ADOLESCENT DEVELOPMENT IN GIRLS*

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DISCUSSION *by H. Lisser, M. D., San Francisco; William Anthony Reilly, M. D., San Francisco; H. E. Thelander, M. D., San Francisco.*

THE present report is concerned with the significance of individual differences in body build as a factor in growth and development. Physical, physiological, and observational records of a group of about one hundred girls furnish the basis for the study. The physical data include anthropometric measurements, clinical physical examinations, observations, x-rays, and serial photographs. The children studied here, as a part of the seven-year study of adolescence being carried on at the Institute of Child Welfare, have been examined each six months, beginning at the age of approximately ten years.

The longitudinal method has been used, the development of each child being followed over a period of several years. This has required the maintenance of cumulative records, and makes possible both the consideration of status at successive age levels, and of cross-sectional as well as longitudinal relationships. Interrelationships between several of the different types of data have been traced.

As a technique for exploration of relationships, a group of girls of extremely slender build have been contrasted with another group of girls characterized by extremely broad body build. These two samplings at the extremes of the normal distribution were selected [1] on the basis of an index of body build, consisting of bi-iliac diameter divided by standing height. Data from the two contrasted groups reveal certain significant relationships between the anatomic measures and physiological variables. The two groups of children have characteristically different growth patterns. The findings suggest that, in studies dealing with growth and development, proper interpretation of the data from a random sample requires the recognition and measurement of individual differences, and proper allowance for certain individual patterns of growth.

* From Stanford University and Institute of Child Welfare, University of California.
Read before the Pediatric Section of the California Medical Association at the sixty-sixth annual session, Del Monte, May 2-6, 1937.

THE ASSESSMENT OF GROWTH

In the measurement of growth, it is necessary to recognize a number of variables in addition to actual stature or size. The important thing in growth is the maintenance of an adequate rate of progress, normal for the individual, rather than the attainment of uniform size for all individuals at a given age. It is necessary to recognize big-boned family lines and small-boned family lines, as well as the stunting effects of certain serious illnesses. In the present study, interviews with the parents were held in order to gather information on family heredity, as a help in recognizing growth patterns.

The use of x-rays in study of physical growth is comparatively recent, but various methods of measuring the extent of ossification have been devised in order to assess development.[2-4] Appearance of centers of ossification, stages of fusion of epiphyses with their diaphyses, total carpal area, and diameters of the carpus have all been used by various authors to estimate anatomic age. Todd [5,6] used centers of ossification in shoulder, knee, and foot, to supplement hand and wrist in order to judge skeletal development. Both Rotch [7] and Stevenson [8] have demonstrated the wrist to be an adequate indicator of the ossification in all the epiphyses in the skeleton. Since this area can be x-rayed with the least expense or inconvenience of any part of the body, it is the one now generally used. The wrist is a satisfactory area in which to study ossification, because, while cartilaginous at birth, it has eight bones at maturity, and hence in the transition it exhibits many stages of development.

Centers of ossification appear in definite sequence, and failure to appear when they should indicates an illness at or near the time of appearance. The ends of the long bones, particularly the tibia, and the radius, are marked with rings which show pauses in the bone growth following severe measles, scarlet fever, or other long-continued fever. Children from slum districts show more developmental scars of this type than do those in better homes.

The various retardations in development due to illness may be responsible for some of the irregularities in growth noted during the adolescent period. These irregularities are no doubt related to the awkward phases of imbalance between bone growth, muscle growth, and endocrine or organ maturity. The awkward stage of stress and strain is more marked in early adolescence, and disappears as irregularities in growth diminish.

X-rays show no distinction in amount of ossification in boys and girls up to five years. By age ten, the girls show quite a developmental spurt, and the girls finally attain their mature form before boys. The female skeleton reaches approximately its adult level at about fifteen years, when the epiphyses close and there is no further growth in stature. In boys, adult stature and skeletal weight are not attained until age eighteen.

We have used the appearance and growth of centers of ossification in bones, to measure physical

TABLE 1.—*Means and Standard Deviations of Distributions of Anthropometric Measurements of Ninety-three Twelve-Year-Old Girls*

	Mean	Standard Deviations
Chronological age (years)	12.2	.13
Weight (in kilograms)	43.0	84.4
Height*	1,509.1	70.3
Sitting height	787.4	37.5
Stem length	772.8	38.5
Bi-acromial diameter	322.5	18.0
Bi-iliac diameter	244.5	16.5
Bitrochanteric diameter	278.3	22.2
Chest breadth	234.6	16.9
Chest depth	158.7	16.4
Neck circumference	289.2	15.8
Chest circumference at nipple	755.3	73.0
Chest circumference submammary	698.5	55.2
Arm circumference	219.0	22.0
Thigh circumference	457.7	51.6
Leg circumference	307.0	23.9
Breadth and length	162.3	7.8
Per cent breadth and length	.33	4.7

* Measures 3 to 16, inclusive, are recorded in millimeters.

TABLE 2.—*Anthropometric Measurements of Nine Girls, Classified as Linear*, Measured at Ages Between 12 and 12.4 Years*

Variable	Mean	Range of Scores	
		Highest	Lowest
Chronological age	12.1	12.4	12
Weight	36.2	45.3	25.3
Height	1,493.5	1,617	1,389
Sitting height	763.5	839	704
Stem length	752.4	815	698
Bi-acromial diameter	313.3	338	281
Bi-iliac diameter	221.1	249	196
Bitrochanter	256.3	289	231
Chest breadth	215.5	233	200
Chest depth	152	172	134
Neck circumference	273	293	250
Chest circumference at nipple	681.8	720	590
Chest circumference submammary	648.5	680	582
Arm circumference	199.7	232	165
Thigh circumference	399.6	487	243
Leg circumference	288.2	314	246
Breadth and length	148.3	155	141
Per cent breadth and length	– 7.5	– 12.2	– 4.3

* Girls who were 1½ standard deviations narrower than the average were classified as belonging in the extreme "Linear" group. These data are to be compared with Table 3, which gives similar measurements for the nine girls classified as "Lateral."
Body weight is recorded in kilograms; other anthropometric measurements are recorded in millimeters.

development, following the technique described by Dr. T. Wingate Todd, who has studied the problem extensively over a period of years.

In this series of data, a skeletal age difference of three and one-half years is the maximal difference between the most accelerated and the most retarded bone-ages at a given chronological age. This indicates the great extent of individual differences in skeletal development at a given chronological age. A child whose skeletal ossification exceeded or lagged behind the mean of her age-sex group by more than nine months (three times the standard deviation) was classed as of accelerated or retarded development, respectively. Children were classified as average, who did not exhibit as much as nine months' acceleration or retardation.

THE MEASUREMENT OF BODY BUILD

As a part of the measurement procedure every six months, a series of anthropometric measurements was taken. (See Table 1). These included measures of both length and width, and provided the basic data for determination of body build, the

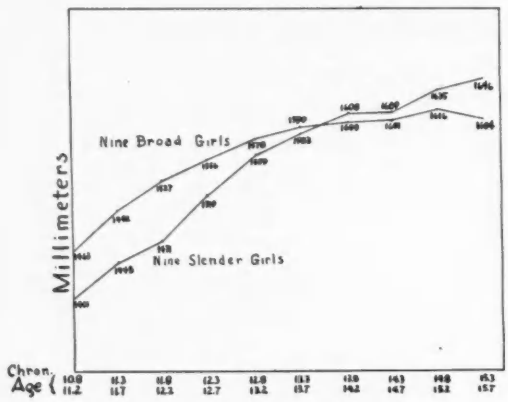

Chart 1.—Growth curves height.

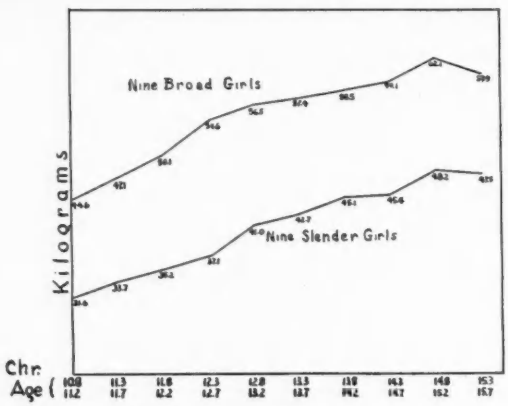

Chart 2.—Growth curves weight.

TABLE 3.—*Anthropometric Measurements of Nine Girls, Classified as Lateral*, Measured at Ages Between 11.9 and 12.4 Years*

Variable	Mean	Range of Scores	
		Highest	Lowest
Chronological age	12.2	12.4	11.9
Weight (kilograms)	51.8	63	42.3
Height (millimeters)	1,537.1	1,634	1,435
Sitting height	807.8	864	750
Stem length	792.7	850	719
Bi-acromial diameter	335.1	370	304
Bi-iliac diameter	266.7	280	252
Bitrochanter	298.8	318	264
Chest breadth	254.3	280	232
Chest depth	167.5	216	140
Neck circumference	305.6	332	288
Chest circumference at nipple	829.3	966	746
Chest circumference submammary	756	910	698
Arm circumference	241.7	269	208
Thigh circumference	506.7	566	455
Leg circumference	330.3	360	300
Breadth and length	173.6	181	165
Per cent breadth and length	7.4	11.6	4.3

* Girls who were 1½ standard deviations broader than average were classified as belonging in the extreme "Lateral" group. These data are to be compared with Table 2, which gives similar measurements for the nine girls classified as "Linear."

Body weight is recorded in kilograms; other measurements are recorded in millimeters.

Table 4.—Results of X-Ray Assessments of Growth of Skeleton, for Slender and Broad-Built Girls

A. Linear (Slender) Group

Case	Chronological Age	Hand* Assessment	Age Equivalent	Age Ratio
127	14.6	21	13.25	90.7
125	14.2	20	12.75	89.8
43	14.4	22	13.75	95.5
113	13.9	22	13.75	98.9
299	13	20	12.75	98.1
39	15.5	25	15.25	98.4
133	14.1	22	13.75	97.5
159	14.4	23	14.25	98.9
19	14.1	22	13.75	97.5
Average	14.2	21	13.25	96.1

B. Lateral (Broad-Built) Group

Case	Chronological Age	Hand* Assessment	Age Equivalent	Age Ratio
15	14.6	26	15.75	107
297	13.1	22	13.75	105
141	14.6	27	16.25	111
1	14.1	26	15.75	112
207	14.6	24	14.75	101
227	14.3	27	16.25	113
205	14.0	25	15.25	108
233	14.0	26	15.75	112
135	14.5	27	16.25	112
Average	14.2	25.5	15.53	109

C. Intermediate Group

	Averages for Ninety-three Girls
Chronological age	14.5
Wrist assessment	23.8
Age equivalent	14.5
Age ratio	100

* The x-ray assessments were made by Dr. Nancy Bayley.

computation of a convenient index of body build, and the selection of groups of individuals to exemplify the extremes of the distribution.

The normal sampling of girls at a given chronological age (*e. g.*, twelve years) shows a wide range of variation in each of the measures used. We have been especially interested in subsamples, selected from the extremes of the distribution with respect to body build. A classification into lateral (broad-built) or linear (slim) groups, based entirely on width-length indices,[9] has been used in selecting the subsamples. The measure employed is bi-iliac diameter divided by standing height. Girls who varied as much as 1.5 standard deviations from the mean in either direction were included in the extreme groups, used for a number of preliminary investigations.

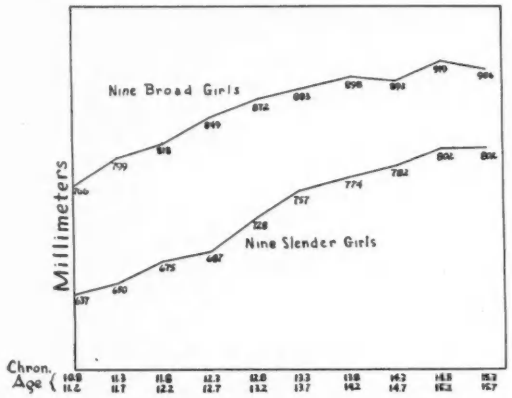

Chart 3.—Growth curves chest girth.

In Table 1 are given the means and standard deviations of anthropometric measurements of ninety-three twelve-year-old girls. These data are used as a general basis for comparison. Tables 2 and 3 show the same measurements for the linear-type and lateral-type girls, respectively, in the same series, and hence the three tables record the extent of variation in the normal sample, and the nature of the groups used to illustrate the extreme variates. Charts 1, 2, 3, and 4 are graphic representations of differences in body measurements between

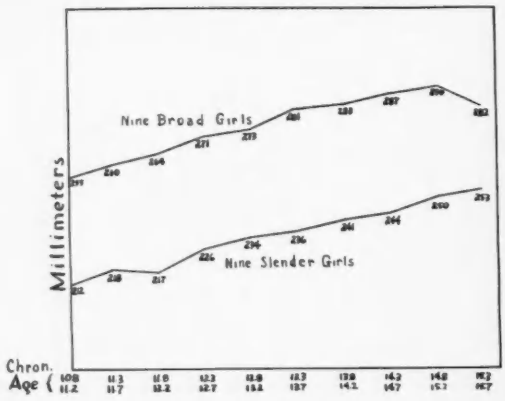

Chart 4.—Growth curves bi-iliac diameter.

linear and lateral groups of girls for a period of four years.

Using this lateral-linear classification, based entirely on width-length indices,[9] it is interesting to note that fifteen anthropometric measurements fall in line consistently year after year, with almost no overlapping. This is an indication of harmony and consistency, which supports the hypothesis that the two selected extreme groups differ in total body-build pattern, and not merely in one or two dimensions.

CLINICAL MEDICAL EXAMINATIONS

At the time of the regular physical examinations, observations were made of general health conditions, colds and other infections, posture, strength, muscular tone, and nutritional status. In addition, records were kept of handedness, eyedness, scapular type, and other conditions relating to development, coördination, and general health. Ratings were made of developmental conditions diagnostic of maturation, such as presence and amount of axillary and pubic hair, development of breasts and of subcutaneous tissue in other areas, and the time of establishment of catamenia. Photographs taken at these regular intervals furnish a permanent record of many of these facts, and of additional configurational factors difficult to describe other than by photographs.

Figures 2 and 3 are outline drawings of a linear type and a lateral type girl, respectively, showing the same girl at successive six-month intervals in each case. These figures portray aspects of growth characteristic of persons in the two classifications. Tracings were made of standardized photographs, to obtain the outlines, and the meanings of the various labels are as follows:

1. Height deviation range—percentage above or below average.
2. W/H index range—percentage broader or narrower than average.
3. Scapular type—CC (concave), CV (convex), and St. (straight).
4. Handedness—right or left.
5. Eyedness—right or left.
6. BMR range—highest to lowest.
7. Joint maturity x-ray—appraisal of ossification of the hand.

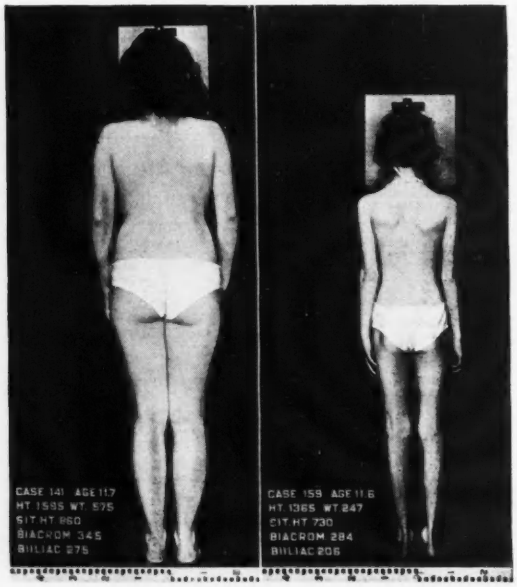

Figure 1.

Axillary and pubic hair, and size of breasts were rated as previously described.[1] The time of establishment of catamenia is indicated by a star on the figure. The five outline columns represent percentage increase over previous six months in biacromial diameter, bi-iliac diameter, height, stem length, and girth of calf, respectively.

The average age of appearance of catamenia in the broad-built group was 11.7 years, while the average age in the slender-built group will be over fourteen years. The exact average for this latter group cannot be calculated at present, because some of them have not yet menstruated.

There was very little growth in height in the broad-built girls after appearance of catamenia, while growth in height increased regularly in the slender girls of the same chronological age. Growth in diameters and girths slows up markedly in the broad-built girls during the same period of time that the slender girls start their adolescent spurt in growth.

Study of the results of these clinical medical examinations shows that some of the great variation in human growth at puberty is due to the mixture of the different types, one of which grows rapidly at age eleven to twelve years, and reaches full stature. The other type begins the adolescent spurt one to two years later, grows more slowly, and matures later.

In the present-day enthusiasm for establishing standards of growth and development, and for regimenting school children, the importance of individual differences is often overlooked, or inadequately considered. The general attitude that all persons are to be evaluated by reference to the same standards, when applied to physical and medical data, works an injustice on those individuals who vary from the average to a marked degree. In many individuals, growth follows a course quite

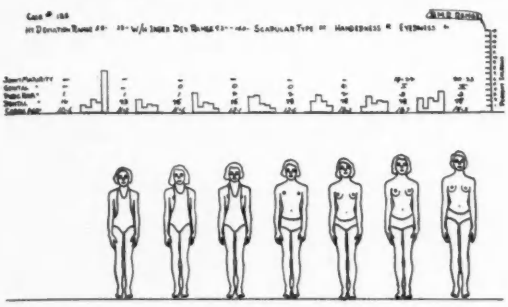

Figure 2.

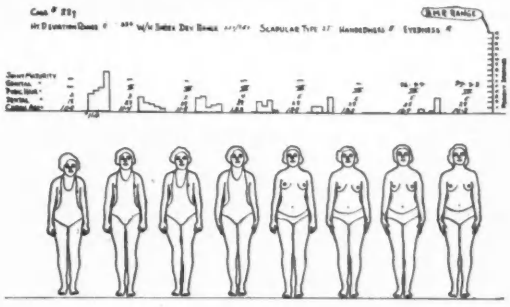

Figure 3.

unlike that of the average person, but entirely normal for the individuals concerned.

INTERRELATIONSHIPS

Figure 1 shows standardized photographs of a linear and a lateral girl, matched for chronological age. The slender-built girl lagged behind the broad-built one in ossification two and one-half years, and in establishment of catamenia four years. These photographs illustrate the sort of developmental difference associated with difference in body build.

Table 4 shows chronological age, assessment of bone development, age equivalent, and age ratio, for all of the very broad and very slender girls in this series, compared with the averages for the whole series. All of the lateral group of girls had accelerated bone development, and all of the linear group had retarded bone development.

Hence, in addition to individual divergencies from average, which might be due to acute diseases, there appears to be a body-build difference in ossification. The x-ray studies of our adolescent group show that ossification proceeded more rapidly in the broad-built than in the slender-built. In the latter group, epiphyseal ossification consistently lagged behind that in the broad-built group. The evidence for the two groups is shown in Table 4; the picture is consistently similar to that of the cases used in the illustrations of Figure 1.

SUMMARY AND CONCLUSIONS

As part of the larger study of adolescence being carried on at the Institute of Child Welfare, a longitudinal study of physical and physiological aspects of growth and development of one hundred girls has been included. Retests at six-month periods over a period of several years have included anthropometric measurements, clinical physical examinations, observations, x-rays, and the taking of serial photographs. The analysis of the cumulative records justifies the following conclusions:

1. Individual differences must be recognized in the assessment of growth. The important thing is the maintenance of an adequate rate of progress, and not the attainment of an absolute stature or size.

2. When body build was classified entirely on the basis of width-length index, study of extreme groups revealed interesting consistencies in other measurements, in relation to body build. In each of fifteen anthropometric measurements, wide differences were observed between broad and slender girls, with no overlapping at any point.

3. Study of the records indicates that physiologic development parallels rather closely anatomic development. Marked differences in rate of maturation were observed, as the broad-built girls matured at an earlier age than did the slender girls.

4. When x-ray methods were used to assess development by estimating anatomic age, a body-build difference in time and rate of ossification was demonstrated. On the wrist assessments of anatomical age from x-rays, broad-built girls had age equivalents greater than their chronological ages, and slender-built girls had age equivalents less than their chronological ages. The age ratios, when averaged, were 109 for the broad-built and 96.1 for the slender-built girls.

5. The data led to the conclusion that the mixture of groups of individuals heterogeneous with respect to body build accounts for some of the great variation in human growth at puberty, when observed in any ordinary unselected sampling.

659 Middlefield Road, Palo Alto.

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DISCUSSION

H. Lisser, M. D. (384 Post Street, San Francisco).—This study distinguishes, with great clarity, two widely different types of skeletal growth in *normal* adolescent girls—the "lateral" or broad-built group and the "linear" or

slim-slender group. Merely calling attention to broad and slender skeletal patterns would elicit little interest if it were not for the fairly consistent, associated distinctions involving the degree of osseous development or "bone-age" and the concomitant sexual age. These latter findings are of trenchant significance, for they emphasize, even in *normal* girls, the intimate inter-relationship between sexual maturity and termination of growth. Thus, if the menarche occurs for instance at twelve years of age, the "bone-age" will probably be nearer fifteen years, and longitudinal growth will practically cease when this girl reaches the age of fourteen. This study points out that this combination of events is most frequent in the broad-built type of girl who matures relatively early and, therefore, stops growing comparatively early. Contrariwise, the slender-type girl matures later, at fourteen or fifteen years of age; her "bone-age" is apt to be slightly retarded in comparison to her chronological age, and the onset of menstruation and fruition of secondary sex characteristics will be correspondingly delayed. Yet, both these extremes are fairly common and within reasonable limits may be considered normal.

The recognition of these two divergent types in *normal* girls, with accompanying differences in osseous and sexual development, leads to a consideration of these two types when exaggerated to a degree interpreted as *abnormal* or pathological. In addition to normally inherited, constitutional factors influencing skeletal patterns, attention must be paid to the dominating rôle of the endocrines in controlling growth and sexual development. Thus, a granulosacell tumor of an ovary producing precocious sexual maturity, with onset of menstruation during the first few years of life, will stimulate rapid skeletal growth at first, but with advanced ossification and premature closure of the epiphyses resulting in early cessation of growth. Similarly, an adrenal cortical tumor originating in a little girl causes a pseudosexual precocity, with early appearance of pubic hair, enlarged clitoris, accelerated skeletal growth and again advanced "bone-age" with eventual shortness. The skeletal set-up of such girls is apt to be "lateral," broad-built, or heavy, a pathological exaggeration of what the authors described in normal adolescent girls. Such girls at a chronological age of five years, may have a "bone-age" of twelve.

On the other hand, the antithesis of such precocious ripening is exemplified in preadolescent eunuchoidism, the clinical picture of which is typified by eunuchoid-tallness (not true gigantism), with disproportionally long extremities, slenderness, severe delay in appearance of secondary sex characteristics, very late onset of menstruation, if at all, and in unison, extreme retardation of ossification. This type of endocrinopathy would be illustrated by a girl of twenty-four years, with no mammary development, with very sparse pubic hair, who has not menstruated, with span greater than height and lower measurement far exceeding the upper, and with an osseous status of twelve years.

In the previous two paragraphs endocrinopathies have been described which illustrate extreme exaggeration of the two normal types defined by Drs. Pryor and Carter. The discussant has studied a considerable number of such patients, but so severe disturbances of endocrine function are uncommon. Manifestly, however, instances of milder deviation, between the extremes of normal and grossly abnormal, are to be expected, and are encountered quite frequently. Proper recognition and appropriate therapy can be extremely helpful.

It is to be emphasized, therefore, that the authors' careful observations in normal adolescent girls corroborate the important corelations, long known to endocrinologists in more outspoken form, between skeletal patterns, "bone-age," and the degree of sexual maturity. Broad-built girls mature early, and grow very little after thirteen years of age, whereas linear slender girls mature relatively late and, therefore, are still growing at sixteen. "Bone-age" estimations should be utilized more frequently in pediatric practice. The thyroid, pituitary, adrenals, and gonads have important influences in accelerating, delaying, or arresting both skeletal growth and sexual maturity.

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William Anthony Reilly, M. D. (384 Post Street, San Francisco).—From Doctor Pryor's significant and interesting findings practitioners should recognize several helpful trends. These are: That there are individual differences in body-build (linear, lateral, and mixed); that it is incorrect to consider only a mean or an average for the growth factor of height, weight, epiphyseal age, pulse, blood pressure, basal metabolism rates, etc.—in place of means or averages we should always consider the limits of the range of findings; that there is a difference between chronological age and physiologic or anatomic age—the latter including maturity, bone-age, etc. Such proven facts help the practitioner allay the fears of family, teacher, and school nurse, concerning normal weight and the like. If one takes into consideration skeletal build (and especially the height-width index), the child very often is quite normal in weight.

I believe pediatricians, especially, are making more use of these findings. It will be practically helpful to practitioners when standards for basal metabolism can be computed on body-build better than at present.

Of personal interest to me is the finding that broad-built girls often have the following findings—they are mostly of European stock, with marked acceleration of bone-age, tall and obese, and some years premature physical and gonadal maturity. They have a definite tendency to a lowered basal metabolism. Physical measurements, examination of the genitalia, and glucose tolerance tests were uninformative. Tests for growth and sex hormones gave negative results. I have never been able to ascribe a definite physiological reason for these findings.

❋

H. E. Thelander, M. D. (384 Post Street, San Francisco).—The recent tendency to study intensively the individual and his variation from the mean cannot be too highly commended. Problems arise in individuals and not in masses, and it is usually the extreme deviate who becomes a problem. Adolescence represents an age in which variations are most marked. A study like this will eventually be of great service, not only to the medical man but to the psychiatrist and the educator—in fact, to anyone dealing with children in this age group.

ROENTGEN THERAPY: SOME OF ITS COMPLICATIONS*

By Richard T. Taylor, M.D.
Los Angeles

Discussion *by L. H. Garland, M. D., San Francisco; John D. Lawson, M. D., Sacramento; Wilbur Bailey, M. D., Los Angeles.*

IN this day of large roentgen dosages when the cry is on to more and bigger voltages, to more and more milliamperes and to more and huger roentgens, very little is said regarding the *bad* effects of increasing doses; and yet we all see them and fear them. Believing that a review of what one can see and feel in the patient undergoing treatment is a better exposition of our difficulties, especially if one uses the words of a master therapist, than a discussion of microscopic data, I beg leave to outline some points from Doctor Coutard's talk in Chicago last winter, wherein this subject received the best treatment I have ever heard.

MUCOUS MEMBRANES

If we have an individual who presents a cancer of the pharynx and we apply irradiation every day through two opposing fields, each about sixty square centimeters in size, for a dose of 4000 r in ten days, and if we examine the patient each day, we see on the irradiated mucous membrane a complete destruction of all epithelial cells, leaving the

* Read before the Radiology Section of the California Medical Association at the sixty-sixth annual session, Del Monte, May 2–6, 1937.

denuded dermis, which is covered immediately by a false membrane composed of fibrin and avirulent microörganisms. This reaction or radio-epithelite reaches its maximum on the thirteenth or fourteenth day and is generally repaired after five, six, or ten days, depending upon the patient. This same irradiation produces also destruction of the epithelium of the skin, but the destruction of the skin reaches its height on the twenty-sixth to the twenty-eighth day, and is generally repaired after ten to fourteen days.

If, instead of irradiating the respective tissues in ten days, the irradiation is extended over a longer period—eighteen days—one observes that the radio-epithelite occurs at the same time, that is on the thirteenth day, but with a weaker intensity, and that the same is true for the skin. If now we perform the irradiation over a still longer time—say, forty-five days—yet, using the same total dose, we see an incomplete or partial radio-epithelite appearing on the mucous membrane every thirteenth day—that is, on the thirteenth, twenty-sixth, thirty-ninth, and fifty-second days. Therefore, these periods constitute the moments of radiosensitivity of the mucous membrane or, in other words, its radiosensitivity is periodic. Coutard was the first to observe this.

If the daily dose be greatly increased, it frequently happens that the radio-epithelite is absent or occurs only partially, or that it is replaced by an intense lesion of the connective and vascular tissues, or that it occurs beyond the normal time of thirteen days; say, on the twenty-first day. Under these circumstances, the radio-epithelite is accompanied by very painful symptoms, and the membranes are thick and not thin and confluent, or they may be necrotic and repair very slowly.

CARCINOMA

Summarizing, we observe that there is an *upper* threshold, above which the radio-epithelite is delayed, painful, abnormal, incomplete, partly replaced by an intense lesion of the chorion and below which the radio-epithelite is total and normal. regarding time and intensity; a *medium* threshold above, which it is normal regarding time and intensity, and below which it is incomplete and periodic, and a *lower* threshold, below which there is no visible radio-epithelite. Since the effects of irradiation on the neoplastic epithelial cells are very similar to the effects on the normal epithelial cells, we see that between these three thresholds the roentgen therapy of cancer has to be applied. The problem is even more complex for depending on whether the mucous membranes have an epithelium, more or less, similar to the skin type—that is, with a tendency to hornification, as on the dorsal part of the tongue, the mucous membranes of the cheek and of the vocal cords, the moments of these radio-epithelites may be found anywhere between the fourteenth and the twenty-eighth days.

CONNECTIVE AND VASCULAR TISSUES

Turning now to the connective and vascular tissues, we come to the subject of edema. This is the chief, clinical reaction to irradiation in these tissues, and it may be early or delayed.

The precocious edemas appear most frequently after the first or second day of irradiation, and they indicate that the daily doses have been somewhat intense. They are usually painful and point to a certain fragility of the connective and vascular tissues. They are seen when the tissues are infected, as in infected lymph nodes. The late edemas appear two months to one year after treatment and may be superficial or deep. The superficial edemas often appear following a common cold or slight infection, and may recur periodically. They usually disappear about the end of the second year. When the edema affects the deep tissues, it generally means profound modification of the blood vessels by irradiation, and points to a daily dose or total dose that was too high or poorly spaced as regards the time factor. If the deep edema persists, it may indicate recurrence. When a persisting edema undergoes periodic regression, the probability is that there is a necrosis of the mucous membrane or cartilage, as in the delayed edema of the epiglottis, terminating in the elimination of a piece of necrotic cartilage. With the elimination of the necrotic part the tissues return to normal. The edemas which appear during the course of treatment constitute an indication which is difficult to interpret. They may be due to excessive or to insufficient doses. For example, in a radiosensitive cancer, edema may appear after the disappearance of a part of the tumor and indicate a too fragile vascular and connective tissue. In the case of a radio-resistant cancer, the edema may be due either to an excessive dose in relation to the connective and vascular tissues or to an insufficient dose in regard to the neoplasm. In the latter case increasing the dose will suffice to clear up the edema by modifying the tumor mass. If this trial is not effective, it is wise to discontinue the treatment and wait until the reaction in the mucous membrane has subsided. Coutard says that he often sees, in the course of daily uninterrupted treatments, the edema diminish during some days, then reappear and diminish again, indicating a periodic tolerance and intolerance of the connective and vascular tissues, and pointing to a faulty chronological distribution of the dose.

Among other symptoms to be classified with edema as warnings are perversion of taste and dryness of the mucous membranes, and, according to whether these three symptoms have been, more or less, marked during the treatments, one finds, eventually, more or less intense late accidents occurring years later, such as loosening of the teeth, elimination of the teeth or decalcification of the same. Successful treatment depends on keeping the connective and vascular tissues in a relatively normal state during the irradiation. Intense infection of these tissues preceding irradiation, of course, alters the outcome, as in tuberculous infection of the larynx. In treating cancer of the larynx under these conditions, the edema and mucous membrane reactions are more precocious and prolonged than in other patients, and great care must be used.

NEOPLASTIC TISSUES

The observations noted above regarding periodicity in the sensitivity of the mucous membranes, and of the vascular and connective tissues, apply also to neoplastic tissues. If one has to deal with a very embryonal, highly radiosensitive tumor, one is apt to see, as soon as the fifth or sixth day, the cancer covered with a pseudomembrane, and in these cases one expects good results with a protracted program of daily doses. If, however, these pseudomembranes do not appear before the eleventh or twelfth day, one should consider the tumor of much lower sensitivity, and in those cases where the neoplastic radio-epithelite does not appear until after the radio-epithelite of the mucous membrane as on the twenty-fifth day, one can assume a high resistance in this neoplasm. In such a case it is necessary to apply very high daily doses in order to reach the threshold of destruction of the neoplasm, but such high doses must be distributed only by series and at certain moments.

According to Coutard's experience, the time to apply these high daily doses is at the times of increased radiosensitivity of the mucous membrane and connective tissues which are, as we saw above, around the thirteenth, twenty-sixth, thirty-ninth, and fifty-second days. Treatments administered in between these periods, as for example, on the ninth to the twelfth days, the seventeenth to the twenty-second, and the thirty-first to the thirty-eighth, are apt to be followed by edemas unless the daily dose is kept low, too low, that is, to affect a highly differentiated, radio-resistant tumor. These periods can only be ignored, then, in cases of very sensitive embryonal types of tumors.

IN CONCLUSION

In conclusion, may I express my humble opinion that it will be by paying more attention to frequent examinations of the irradiated patient, by more consideration of the distribution of our doses in time in relation to sensitivity and resistance of tumors, and by keeping our fields small, our filters high, and our minute r outputs fairly low, that we will be able to minimize the complications inherent in roentgen therapy.

1212 Shatto Street.

DISCUSSION

L. H. Garland, M. D. (450 Sutter Street, San Francisco).—The complications of roentgen therapy are sometimes serious; the complications of cancer are almost always serious. Many cancers—for example, those of the skin—can be cured with almost no hazard from roentgen therapy; other cancers, such as those of the urinary bladder, can only be cured with significant potential hazard. I am in hearty agreement with some of Doctor Taylor's conclusions and with many of the excellent points which he makes in his text. However, I also wish to disagree with him in respect to some of these points.

I do not believe it has been conclusively shown that the radiosensitivity of the mucous membrane varies in a periodic or wave-like manner. Coutard's observations of marked radio-epithelitis at intervals of thirteen days in patients subjected to protracted, fractionated irradiation, have not been substantiated by other observers. This does not necessarily mean that Coutard is wrong, since the exact reproducibility of a given technique is often difficult, and since patients vary materially in their sensitivity to protracted irradiation. However, before adopting the philosophy of periodicity in the handling of well-differentiated tumors, it will be well for physicians to tread cautiously and be relatively pessimistic.

In the treatment of cancers of the tonsil, pharynx, and larynx, edema is sometimes an annoying complication, but is more often an incidental one, evident chiefly in the submental region and not involving an important portion of the pharynx or larynx. I doubt if it ever is due to "insufficient dose." I admire anyone's courage in increasing the roentgen dose in an attempt to clear up edemas which are regarded as due to an insufficient dose. I cannot regard perversion of taste or dryness of the mucous membrane as an unfavorable prognostic sign. It is almost impossible to treat adequately most squamous-cell carcinomas of the epipharynx and oropharynx, without oral dryness of at least six weeks' duration, and without perversion of taste of from one to three months' duration. The word "dryness" is used by the patient to signify scanty, thick secretion. Perversion of taste is, fortunately, of only transitory significance in most cases. However, I remember two patients who had extensive extrinsic carcinomas of the larynx which were completely arrested by external roentgen irradiation, but who were very unhappy for a period of years owing to marked perversion of taste; one of them complained that everything he ate tasted like "codfish balls."

The complications of roentgen therapy in the handling of cancer are analogous to the complications of surgical therapy. Unpleasant episodes occasionally develop, even in the best hands, and neither method can be conducted by those who are not adequately trained and reasonably experienced in their application. A knife has never cured cancer; a surgical physician has. Similarly, x-rays have never cured cancer; a radiological physician has. Extreme caution in the application of either roentgen or surgical therapy is the best method of preventing complication. Doctor Taylor is to be commended on reminding us of the great importance of using reasonably small fields and adequate filters, and of making daily examination of each and every patient to minimize those complications.

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John D. Lawson, M.D. (1306 California State Life Building, Sacramento).—The physician treating malignancy by radiotherapeutic means must consider two phases of therapy: one directed against the tumor and the other toward the patient. We have accomplished no good when a tumor is eradicated, if the patient is dead as the result of too energetic therapy, or confined as an invalid for the remainder of his or her life, through overstressing the destruction of malignant tissue.

Primarily one must estimate just what procedures are necessary to properly cope with the tumor. The type of malignancy, its grade of malignancy, the histologic structure, presence or absence of infection and metastatic manifestations are of paramount importance.

Only recently a patient came into the office detailing that eight years ago a radiotherapist had given him a radium treatment for cancer of the face. Following the treatment there was an intense reaction, with loss of tissue and an area of necrosis which has persisted to date. On examination, it was found that there was a slough the size of a half-dollar in the temporal region, with a large skull defect and necrotic bone projecting into the ulcer. Growing from the meninges and the surrounding skin was a squamous cell carcinoma of a low degree of malignancy, microscopically identical with the original tumor.

In this particular case a low-grade squamous-cell tumor had been treated with intensive dosage of beta and soft gamma rays, with destruction of all tissue except that for which it was applied. Repeated doses of highly filtered radiation, over an extended time, has destroyed all of the recurrent new growth, and a plastic repair can be accomplished in a short time.

It is occurrences like this which cause us to regard every new growth as an individual problem. For the radiologist to say, "I give 1,500 roentgens in all cases of carcinoma of the lip," is absolutely wrong. Unless the patient is studied, unless the tumor is studied, and unless these two are associated and treated simultaneously in an intelligent manner, the good name of radiology will be very sadly besmirched, and cancer treatment by this means will not be accorded the place it so rightfully deserves.

WILBUR BAILEY, M.D. (2007 Wilshire Boulevard, Los Angeles).—The author's paper has very properly emphasized the danger of complications, with the present trend toward progressively higher dosages of more penetrating x-rays. With the use of very high voltages in treating cancer of the cervix, for instance, the amount of radiation is limited by the reaction of the pelvic structures themselves under these conditions, rather than the skin reaction as formerly. Postradiation sigmoiditis or proctitis may prove to be complications much more serious than skin damage.

Protracted fractional radiation, as recommended by Coutard, undoubtedly has been a definite advance in radiation therapy. However, the fact that a cancer cell is most vulnerable during its actively growing phase (*i. e.*, during mitosis) still holds. In rapidly growing lymphosarcomas of the tonsil, we have found huge doses given in a few days' time not only theoretically better, but practically resulting in disappearance of lesions which had failed to respond satisfactorily to protracted fractional radiation. Conversely, very slow-growing cancers, such as thyroid metastases in bone, may respond most favorably if treatment is given in short periods every few months over a period of a year or more. Under these conditions the blood supply of the tumor is markedly decreased and its growth is checked, because of the vascular sclerosis caused by repeated doses of radiation.

LOS ANGELES COUNTY HOSPITAL COLLECTION BUREAU*

HOW LOS ANGELES COUNTY CHARGES THE INDIGENT SICK FOR HOSPITALIZATION, WHILE ACCEPTING GRATUITOUS MEDICAL SERVICE TO THE VALUE OF ABOUT TWO MILLION DOLLARS ANNUALLY, FROM ATTENDING PHYSICIANS AND SURGEONS

By GEORGE H. KRESS, M.D.
Los Angeles

Foreword.—The following exhibits merely scratch the surface of matters discussed and the principles involved. They are given place in this issue to substantiate and amplify the editorial comments on page 73. As there stated, it is of greatest importance to both the citizenry of Los Angeles and California, and the medical profession of the State, that a full investigation of the billing and collection procedures of Los Angeles County be made, to the end that any methods not having warrant in California law, or that indicate a leading to deplorable results, to either public or profession, be carefully reconsidered, that needed changes may be made. It would seem that an impartial investigation, apparently much needed in the premises, might well be made by the Grand Jury of Los Angeles County, which body has both legal authority, and the financial and other means to institute a thorough study of the situation. In the past, each year's Grand Jury has made a report on the county's charitable institutions. Since the last Grand Jury was in session, new problems, as herein outlined, have arisen, and, because of the wide and serious ramifications involved in these more recent methods, a painstaking and intensive survey may well be in order.

The correspondence and other data submitted explain themselves, and, when placed together, should make clear the reasons for such editorial comments as appear in this issue of the JOURNAL. Brief explanatory comments are made in the Exhibits, which follow, these being appended as author's "Comments," each keyed by number into the text. For convenience in perusal, some italics, paragraphs, and florets have been inserted in part of the correspondence. Comment items, with brackets, are by the contributor of this paper.

* This paper was contributed by Dr. George H. Kress, Los Angeles, who has been a member of the attending staff of the Los Angeles County Hospital and of the medical board of its attending staff for more than twenty-five years.

EXHIBIT A

Presents:

1. A letter, dated October 22, 1937, from Dr. George H. Kress to Mr. Everett J. Gray, executive superintendent of the Los Angeles County Hospital, dealing with the new system of billing "all" patients of the Los Angeles County Hospital for hospitalization (not medical) care, and the legal and other background therefor.

2. Superintendent Gray's letter, of a month later, in reply to the above.

* * *

(1. Letter from Doctor Kress to Superintendent Gray)

"Los Angeles, October 22, 1937.

Mr. Everett Gray,
Superintendent, Los Angeles County Hospital,
1200 North State Street,
Los Angeles, California

Dear Mr. Gray:

For some time it has been in my mind to ask you to send me information concerning the amount of moneys collected by the County of Los Angeles from patients who receive medical and surgical care at the Los Angeles County Hospital. [Hospitalization, not professional care.]

It is particularly brought to my mind in the case of the boy Robert Espinoza, concerning whom I wrote today to the Collection Division of the County of Los Angeles, as per enclosed letter.†

I take it that in your own Los Angeles County Hospital office you have records that are easily accessible which show the amount of money annually received from citizens who have been in-patients at the Los Angeles County Hospital. Also the number of citizens who are annually accepted as in-patients, and who do not pay any refunder to the County of Los Angeles. . . . I know you will be glad to send to me the information.

If there are any printed or mimeographed reports that cover this matter I shall appreciate the receipt of the same, and will thank you if you can mark or call my attention to the items that pertain to the subject herein discussed.

This entire matter of refunder to the County of Los Angeles for hospitalization care in the Los Angeles County Hospital is one in which the medical profession is naturally interested. I note in the statement rendered to Mr. Antonio Espinoza that the daily rate which is charged is the sum of $4.32. Kindly write and inform me what is the per capita cost in the care of patients that was listed in the three last annual reports for Los Angeles County Hospital. In other words, does this item of $4.32 per day agree for the current year with the figures which have been previously reported by the Los Angeles County Hospital as

† To conserve space, this letter is not printed.—Editor.

the cost of the care for each patient in that institution?

Have you any additional information that you may be able to send me? It has long been in my mind to discuss this subject editorially in the OFFICIAL JOURNAL of the California Medical Association, and I do not wish to take up the matter until I have at hand as complete data on the subject as it is possible to obtain.

Thanking you for your attention and coöperation in this, and with best personal wishes.

Cordially yours,
GEORGE H. KRESS, M.D."

* * *

(2. Reply of Superintendent Gray to Editor)

"Office of the Superintendent,
Los Angeles County General Hospital
Los Angeles, November 3, 1937.

Dear Doctor Kress:

Subject: 'Hospital Costs and Collections.'

Attached report[1] is sent in compliance with your request of October 22, 1937.

Very truly yours,
EVERETT J. GRAY,
Executive Superintendent."

* * *

[1] Comment.—A better understanding of the "attached report" may be had if Item 8 of the Appellate Court opinion in the Kern County Hospital case, as given on page 108, and the informal opinion of Hartley F. Peart, general counsel of the California Medical Association, on page 109, are first read. Such perusal should indicate at once that somewhere, somehow, the Kern County Appellate Court opinion has been tremendously "stretched."

* * *

(3. Enclosure: "Attached Report")

"The Los Angeles County General Hospital
1200 North State Street, Los Angeles, California
Los Angeles, November 3, 1937.

The amount of money received[2] from citizens who have been inmates of the Los Angeles County General Hospital was, for the fiscal year 1936-1937, $319,741.10, and for the first three months of the fiscal year 1937-1938, $87,741.01. [Ed. note.—For the year, the estimated amount would be $350,964.]

* * *

[2] Comment.—In the last fiscal year ending July 1, 1937, the total "hospitalization income" of the County of Los Angeles from patients who were socially serviced before admission is stated as $319,741.10. The estimated present fiscal year income, based on the first three months, is $350,964, or a probable $31,222.90 in excess of last year. Let it be remembered, however, as stated in the succeeding paragraph of Mr. Gray's letter, that since July 1, 1937, the Social Service Department has ceased to keep records of "free" (presumably indigent?) patients. Why?

* * *

The total number of admissions, exclusive of births, for the fiscal year 1936-1937 was 60,741. Of this number, Social Service records indicate that 38,672 were accepted as "free" patients. The remainder were to pay a part or all of the cost of their care.

Since July 1, 1937, no record of the number of so-called "free" patients has been maintained by Social Service or the Hospital.

All patients[3] discharged from the Hospital since July 1, 1937, *have been billed at County cost in accordance with the requirements of the Kern County Decision,* such patients to pay all or a part of the cost of their care, *if and as they become financially able to do so.*

* * *

[3] Comment.—If we understand this term aright, it means that *every patient,* even though he be absolutely indigent, is billed for hospitalization by the County of Los Angeles! More than that, we have been told that he is made to sign papers, in which, we understand, he practically promises to pay the hospitalization charges in the future; and further, if he has any means at the time, or is liable to have in the future, this indigent citizen, who is so unfortunate as to also be sufficiently sick to need hospital care, must then give the County of Los Angeles a lien on such real or personal possessions or prospective income!

* * *

The responsibility for collection of this legal obligation is that of the Charities' Collection Division.

Social Service investigates the eligibility of patients for care in accordance with the State Public Welfare Act, county ordinances and resolutions of the Board of Supervisors,[4] but does not classify them as to "free," "part" or "full" pay.

* * *

[4] Comment.—To secure copies of the "Public Welfare Act, County Ordinances and Resolutions of the Board of Supervisors" is no easy task. In a proper investigation, these should all be brought out into the light, for study and opinion by competent authorities.

* * *

The collection of moneys for all or any part of care rests with the *Charities' Collection Division subject to legislative regulations.*[5]

* * *

[5] Comment.—What has been stated in Comment No. 4 applies also to "legislative regulations." In due time, it is to be hoped that the County of Los Angeles will be prepared to submit all such legal authority.

* * *

A copy of Board Resolution,[6] *effective July 1, 1937, is attached hereto. The rates set up in this resolution include fixed overhead,* such as depreciation on buildings and equipment, interest on bonded indebtedness, workmen's compensation and other insurance. This resolution is subject to

amendment when so indicated by the institutional cost records.

* * *

[6] Comment.—This "Board Resolution of June 29, 1937" is a very interesting addendum. It is only fair to assume that Mr. E. J. Gray, executive superintendent of the Los Angeles County Hospital, and the medical director, Dr. Phoebus Berman, as the executive heads of the Los Angeles County Hospital, must either have prepared this schedule, in whole or in part, or acquiesced therein, before its submittal and recommendation for passage, to the lay Board of Supervisors.

The ward rates to indigent in-patients of the Los Angeles County Hospital seem to be in excess of the average of those charged in private hospitals in Los Angeles, as witness: California Hospital, $4; Methodist Hospital, $3.75; Cedars of Lebanon Hospital, $4.50.

The County Hospital hospitalization rates for "Special Services" vary greatly from those of private hospitals of the city of Los Angeles. One or two examples of such astounding and excessive variations for "use of operating room" will be given under Exhibit C, on page 105.

* * *

The operating room service unit mentioned in the resolution is the basis for computation of operating room cost. It is comparable to the operating room cost of private hospitals in that *it does not include any amount for the service of the surgeon.* However, the services included and method of computation differ somewhat from those of the private institution.

The Kern County Decision[7] *requires that the charges billed to patients* be according to the type of service received and include a pro rata share of such fixed overhead as depreciation, interest and insurance.

* * *

[7] Comment.—What the "Kern County Decision *requires*" is evidently a matter of opinion. It will be interesting to learn how much of the "capital investment" (land, buildings and equipment) of the Los Angeles County Hospital was brought forward to be used in the computation of the rate schedule. And whether, for instance, in including the new seventeen million dollar acute unit of the institution, such a matter as a "call system" for which the county paid in excess of ninety thousand dollars, but which was never used and later salvaged in being sold for a few thousand dollars, is today included in hospitalization charges against the indigent and near-indigent sick of the county?

* * *

The average over-all cost [for a ward bed, per day] *for the three prior fiscal years*[8] was as follows:

Fiscal year 1934-1935	$4.08
Fiscal year 1935-1936	4.39
Fiscal year 1936-1937	4.42

* * *

[8] Comment.—The average daily charge for a ward bed in one of the private hospitals of Los Angeles that have accredited standing from the Council on Hospitals of the American Medical Association, and from the American College of Surgeons, is about four dollars. In making their charges, these private hospitals must take into account and include items such as the capital investments of their plants, taxes, and depreciation. The Los Angeles County Hospital, with a large number of buildings on a thirty-five acre tract, the Acute Unit Building alone costing seventeen million dollars to erect and equip, may have a total capital investment of, say, twenty-five million dollars, on which, if it were a private hospital, it would be mandatory to pay taxes. Query: Are the interest charges on the twenty-five million dollar capital investment, plus the taxes that would be levied thereon, included in the estimation of the $4.08, $4.09, $4.42 daily ward rates of the last three years? If not, what, then, would the true daily ward rate be? These facts must be kept in mind in comparing costs of equivalent hospitalization service of such a public hospital and private institutions.

* * *

The over-all operating cost listed in the annual reports includes such extraneous services as Ambulance and Mortuary, but does not include depreciation, interest and insurance. In billing under the Kern County Decision, extraneous services are excluded from the basic ward service charge and billed only to those patients who receive them.

Eligibility for admission is determined[9] *by Social Service.* If the patient is financially able to pay anything toward the cost of his care, the ascertainment of such financial ability and future follow-up are responsibilities of the Charities' Collection Division, which undertakes the securing of *reimbursement to the county from recipients of county aid whether the aid given was institutional or direct relief.*

EVERETT J. GRAY,
Executive Superintendent."

* * *

[9] Comment.—The Social Service Department evidently decides who are the "no pay" (indigent) or "part pay" (near-indigent and non-indigent?) patients, to be admitted to the Los Angeles County Hospital. If such is the procedure, the Department of Charities of the county must either have written such rules or acquiesced therein.

Copies of such rules, with dates on which promulgated, and by whom drafted and recommended, are of importance to both the great body of citizenry and the thousands in the medical profession, and should be carefully examined and checked.

* * *

(Copy)

Resolution of Los Angeles County Board of Supervisors of June 29, 1937

"Resolution adopted by the Board of Supervisors, June 29, 1937, covering Schedule of Charges for Care in County Institutions:

In the case of aid granted by institutional care, the reasonable charges therefor, which shall be the measure of reimbursement to the county by indigents and their liable kindred, shall, commencing July 1, 1937, be and the same are hereby fixed as follows, to wit:

In Los Angeles County General Hospital

Ward Care	Per patient per day
Pediatrics	$4.11
Orthopedic	4.10
Ear, nose and throat	3.81
Eye	4.32
Skin and malaria	3.54
Surgical	4.15
Gynecology	4.47
Genito-urinary	3.82
Neurological surgery	4.64
Medical	3.81
Obstetrical (adults)	4.46
Obstetrical (infants)	1.00
Malignancy	3.91
Infected obstetrical	4.23
Jail	5.83
Tuberculosis	3.17
Psychopathic	6.39
Communicable disease	8.54
Neurological medical	4.39

In addition to such charges for ward care, there shall be added charges for the cost of any special services, in accordance with the following schedule:

Special Services	
Ambulance (per patient per day [trip?])	$2.50
Mortuary (per death per day)	2.91
Dental treatments (per visit per day)	1.58
Dental x-rays (per film)	.10
Surgery (per operating room service unit*)	.085
Blood for transfusion (per cubic centimeter if not donated)	.05
Orthopedic services (per operating room service unit*)	.04
Birth room (per operating room service unit*)	.12
Infected obstetrical (per operating room service unit*)	.12
X-rays (plus cost of film according to size and number used, at the following rates: Each film, 14x17 in., 66¢; 11x14 in., 44¢; 10x12 in., 34¢; 8x10 in., 22¢; 6½x8½ in., 10¢; 5x7 in., 12¢.)	
Pelvis	1.98
Skull (routine)	2.69
Skull (special)	4.82
Mandible	1.98
Mastoid	2.69
Facial	1.98
Sinus	2.69
Spine (cervical)	3.40
Spine (anterior, posterior and lateral)	1.98
Spine (multiple)	2.69
Extremity (single)	1.27
Extremity (multiple)	3.40
Shoulder	1.27
Hip	1.98
Thorax	1.27
Chest (adult)	1.27
Chest (child)	2.69
Chest (anterior, posterior and lateral)	1.98
Abdomen (plain)	1.27
Gastro-intestinal	3.40
Gall bladder	3.40
Foreign body	3.40
Kidney, ureter, bladder study	4.82
Fluoroscopies	
Gastro-intestinal with meal	3.33
Gastro-intestinal with enema	1.98
Chest	1.98
To locate foreign body	1.98
X-ray therapy (per hundred roentgen r units)	.72
Radium therapy (per milligram hour)	.04

* Explanation of operating room service unit: *The total operating room service units per operation is obtained by multiplying the actual number of minutes spent by the patient in undergoing the operation by the number of county paid persons in attendance.* The term "operating room" is not confined to surgical operations, but is a general term also applicable to orthopedic and obstetrical services."

EXHIBIT B

Presents:

1. A letter dated November 2, 1937, from Doctor Kress to the Director of the Division of Accounts and Statistics of the Los Angeles Department of Charities.

2. A letter, dated November 10, 1937, from Doctor Kress to the Director, asking for specific information on eighteen items.

3. A letter, dated December 2, 1937, from the Director, in reply to Doctor Kress's letter of November 10, 1937.

* * *

(A letter dated November 2, 1937, from Doctor Kress to the Director of the Los Angeles Department of Charities—Division of Accounts and Statistics, asking for copies of county ordinances on the subject)

* * *

"Los Angeles, November 2, 1937.

Mr. J. C. Greer, Director, Accounts and Statistics,
Department of Charities,
County of Los Angeles,
Los Angeles, California

Dear Mr. Greer:

Referring to your letter of November 1, 1937, in the case of the boy, Robert Espinoza (concerning whom my letter has been referred to you by Mr. Ickes), I note that you state 'under the laws that exist, it is impossible to cross the account off the books.'

Kindly send me copy of the laws that apply in this case, or give me the references thereto.

If the county ordinances have been printed or mimeographed, I take it that it will be possible for you to mail me a copy. I enclose a stamped reply envelope.

Thanking you for your courtesy in this,

727 West Seventh Street.

Yours very truly,

GEORGE H. KRESS, M.D."

* * *

(A letter dated November 10, 1937, to the Director of the Los Angeles Department of Charities—Division of Accounts and Statistics, asking replies to eighteen questions pertaining to the subject)

"Los Angeles, November 10, 1937.

Mr. J. C. Greer,
Director, Accounts and Collections,
County Department of Charities,
Los Angeles, California

Dear Mr. Greer:

Acknowledging your reply of November 8 to my own letter of November 2 (in answer to your own of November 1, 1937), regarding the lad, Robert Espinoza, a former patient at the Los Angeles County Hospital, whose father, Antonio Espinoza, is employed by me on part time as a laborer-gardener (see my previous letters to Superintendent Gray of the Hospital and Assistant Superintendent of Charities Sydney F. Ickes), I am writing to again call attention to the fact that the father, Antonio Espinoza, is on a tentative monthly income of, say, eighty dollars, rents a house, and clothes and feeds himself, his wife and three minor children; further, that you suggest this man pay to the County of Los Angeles the sum of one dollar per month until the sum of some thirty-two dollars or so, at a $4 plus rate per day, for his son's stay at the Los Angeles County Hospital, has been paid to the County of Los Angeles.

To date, no one has given me the information I requested concerning the rules of the County of Los Angeles that determine the dividing line between total or part-pay patients, on the one hand, and no-pay patients on the other.

These new rules of the County of Los Angeles, regarding supposedly indigent patients at the Los Angeles County Hospital, are of much interest to the medical profession, especially since the members of the Attending Medical and Surgical Staff of the institution give gratuitous professional services that annually represent a donation having a money value in excess of one million dollars.

It is our purpose to discuss this subject editorially when the time seems proper, and to that end I would appreciate further information thereon. Attached you will find some suggestive questions on which further knowledge is desired.

I shall appreciate your department giving me such information as comes within its province, but am sending copies also to Mr. Rex Thompson, Superintendent of Charities; Mr. Sydney Ickes, Assistant Superintendent, and Mr. Everett Gray, Superintendent of the Los Angeles County Hospital. A copy also goes forward to Supervisor Leland Ford, because the lad, Robert Espinoza, lives in Mr. Ford's supervisorial district.

Looking forward to replies from the county departments having responsibilities in the matter under discussion, I am

727 West Seventh Street.

Very truly,

GEORGE H. KRESS, M.D.,
Editor."

* * *

(Reply, dated December 2, 1937, of the Los Angeles Department of Charities—Division of Accounts and Statistics, to the letter of November 10, 1937, asking for specific information on matters under discussion)

(Copy)

"County of Los Angeles,
Department of Charities
Los Angeles, California

Bureau of Indigent Relief:
Los Angeles County General Hospital;
Olive View Sanatorium;
Rancho Los Amigos [County Farm]

Los Angeles, December 2, 1937.

Dear Doctor Kress:

This will reply to your letter of November 10, requesting information relative to the collection program of the Department of Charities. I am very glad to have the opportunity to clarify the policies and procedures of this department with respect to collection of indigent accounts, and will endeavor to answer your questions in sufficient detail to enable you to present a comprehensive picture of our program to your associates on the attending staff of the Los Angeles County General Hospital.

Permit me to point out that *patients who have received care at the hospital are billed only for the actual cost to the county of providing hospitalization. Services of the attending staff being gratuitous*, the bills do not represent a charge for such medical attendance as is rendered by the attending physician.

Your specific questions relative to the subject of collections are answered seriatim:

1. Question.—Whether every patient who comes into that hospital is sent a bill, either to himself when he is discharged as a living patient or to his estate in case of death?

Answer.—The hospital business office prepares a bill for every in-patient [10] of the Los Angeles County General Hospital (except patients of the contagious diseases and jail wards), and forwards same to Collection Division. This division accumulates any other charges for services rendered by the Department of Charities and forwards the bill to the client or responsible relative. A bill is not sent to the client, however, during such time as he is the recipient of public charity, it

being obvious that he would have no ability to reimburse.

* * *

[10] Comment.—This statement implies that even the proven indigents are billed for "hospitalization." The last portion of Answer 1 is not clear. If the patient is not an indigent, by what legal right does he become the "recipient of public charity"; that is, become the recipient of public moneys? Granted, however, that he is "such a recipient of public charity," and has means to reimburse the county, why should not a statement for hospitalization services be rendered to him in the same manner as bills are submitted to patients in private hospitals, namely, while he is still in the hospital, with payments in advance?

And on what basis was it construed that it is "obvious that he [the patient] would have no ability to reimburse"?

* * *

2. Question.—Where do these papers accumulate, and in whose charge?

Answer.—All bills for services rendered by any unit of the Department of Charities accumulate in the Collection Division.

3. Question.—Who is the chief of the department; who are deputies in the said department?

Answer.—The Collection Division is in charge of the undersigned, responsible to the Superintendent of Charities.

4. Question.—Who has the final decision on stating whether some accounts shall be nullified, and if they can be nullified, what are the State and county ordinances that permit nullification, and in whom is the authority for nullification vested?

Answer.—Sections 2603 and 2576 of the Welfare and Institutions Code reads as follows:

"2603. If a person for the support of whom public moneys have been expended acquires property, the county shall have a claim against him to the amount of a reasonable charge for moneys so expended and such claim shall be enforced by action against him by the district attorney of the county on request of the board of supervisors. . . ."

"2576. The board of supervisors shall, in the case of aid granted by institutional care, fix a reasonable charge therefor, which shall be the measure of reimbursement to the county, and the existence of the order fixing the charge shall constitute *prima facie* evidence of its reasonableness."

Under the above sections a recipient of county aid is liable for reimbursement at any time he becomes possessed of property.[11] There is no authority for the 'nullification of charges.' In certain instances, the Board of Supervisors has adjusted claims against a recipient of aid, accepting in full payment a lesser amount than the total charges.

* * *

[11] Comment.—In view of an action under consideration by the California Supreme Court as announced in the press on January 5, 1938, and others reasons, the question of the constitutionality of certain Welfare Code provisions comes up for consideration. See Exhibit H, on page 112, for the news item concerning the Supreme Court decision.

* * *

5. Question.—What was the date under which this new ordinance or law went into effect, so far as passage by the Board of Supervisors was concerned?

Answer.—The provisions of law authorizing the county to collect reimbursement for aid to indigents are not new, first appearing in the Statutes of 1901 in substantially the same form as the above quoted sections.[12] The responsibility for collection of such claims against indigent clients of the county is placed upon the Superintendent of Charities by Rule 6N, Section 4, of the County Rules Ordinance 929 NS, which also has been in effect for many years. The only recent enactment by the Board of Supervisors relative to reimbursement was the resolution of June 29, 1937, adopting a new schedule of charges for institutional care, whereby the hospital charges were made to conform, in so far as possible, to the actual cost to the county of providing care.

* * *

[12] Comment.—If the laws governing collections were enacted in the year 1901, and, as is here stated, first applied in their present form on July 1, 1937, who were the county officers who were to blame for negligence during these thirty-six years? And who are the present county officials who made the discovery for the institution of the new system, and what were the recommendations made to the Board of Supervisors for adoption through county resolutions or ordinances?

* * *

6. Question.—When did the bureau or division that has charge of the enforcement of the ordinance become operative?

Answer.—As previously stated, the Superintendent of Charities is responsible for securing reimbursement to the county. The Collection Division of the Department of Charities, as it exists today, was created May 20, 1935. Prior to that time collections for the Department of Charities were handled by the Property Section.

7. Question.—What did they do with the accounts of all the patients who were in prior to the ordinance becoming operative?

Answer.—Following the adoption of the revised schedule of charges, a policy of billing all institutional patients at the time of discharge was placed in effect by this department. Prior to July 1, 1937, billing was restricted to those hospital patients for whom bills were recommended by the Hospital Social Service Department. It was felt[13] that it would be more equitable to bill all patients and then arrange payments in accordance with financial ability, rather than bill only a restricted group selected on the basis of immediate financial ability. Under the new system, the client is made aware of his obligation, even though there is no immediate prospect of payment.

* * *

[13] Comment.—Who were the county officials who had this "feeling," and who gave them the legal advice to proceed as here indicated? And

what is the purpose of an elaborate system of bookkeeping, to carry accounts, which are known in advance to be of no value? This same practice was rather caustically criticized not so long ago in the report of a survey instituted by the county's Bureau of Efficiency, in connection with the out-patient service of the Los Angeles County Hospital.

* * *

8. Question.—Has every patient since the ordinance became operative, without exception, either in person or through his estate, been the recipient of a notice to pay up?

Answer.—Since July 1, 1937, every in-patient has been billed, with the exceptions noted in '(1)' above.

9. Question.—What is the total amount of money that has been received in cash since the Bureau of Collection became operative?

Answer.—In the fiscal year 1936-1937, the Collection Division of the Department of Charities secured county reimbursement totaling $581,-299.23, of which $306,974.02[14] was on Los Angeles County General Hospital accounts.

* * *

[14] Comment.—According to this item, the County of Los Angeles, in the fiscal year July 1, 1936-July 1, 1937, was reimbursed by patients to the amount of $306,974.02. The five hundred members of the attending staff of physicians and surgeons who gave professional services, which have been estimated to have a money value of some two millions of dollars, received not one penny for their services! And, unbelievable as it may seem, up to the present time, in spite of repeated efforts, the attending staff has been unable to even secure an annual printed report of its professional work! Physicians are, indeed, strange mortals as regards the extent to which they carry their altruism (not only to the indigent and near-indigent sick, but to the taxpayers at large).

* * *

10.—Question.—What is the total amount of money that is scheduled in pledges?

Answer.—In this question it is uncertain what was meant by the word 'pledges.' Practically all patients of Los Angeles County General Hospital sign an agreement to reimburse the county for the cost of providing care. If the applicant is possessed of property of an assessed valuation in excess of $250, he is required to give a lien thereon as a condition of receiving aid (Rule 6h, Section 4, County Rules Ordinance 929 NS). In this fiscal year [beginning July 1, 1937] to November 1, 1937, bills were prepared by the hospital business office in the total amount of $1,169,921.87. [Ed. note.—A period of four months. On this basis, the total of bills sent out for 'hospitalization' only, to cover the entire year, would be $3,509,765.61!]

11. Question.—What is the maintenance cost of perpetuating this bureau that sends out all these notices?

Answer.—The cost of actual collection effort for the fiscal year 1936-1937 totaled $109,383.09,[15] or 18.7 cents on the dollar collected. The method of computing this figure was the same as that used by the Grand Jury investigators, who reported a cost of approximately 27 cents on the dollar for the fiscal year 1935-1936. You will note that the cost of collections has been sharply reduced in the last fiscal year.

* * *

[15] Comment.—If hospitalization statements to the amount of $3,509,765.61 will be sent out to County Hospital patients for the present fiscal year, and if again, as during last year, the sum of only $306,974.02 is collected, it would appear that about 90 per cent of the statements might be termed "bureaucratic bookkeeping"! And for what purpose? Would such a system be carried on in business circles? (A letter, dated January 24, 1938, received as this copy was in the hands of the printer, stated: "For the period July 1 to December 31, 1937, the amount representing the sum of all bills which have been sent to this division from the General Hospital represents $2,366,779.30. This represents 32,469 bills referred to us by the Los Angeles County General Hospital." The above was for the first six months. For the entire year, on that basis, $4,733,588.60 would represent the total amount of bills sent out!)

* * *

12. Question.—What is the pro rata maintenance cost of any other county departments that do part of the work of notification or of collection from these supposedly indigent patients?

Answer.—No figures are available on the cost to the institutions of preparing bills, this work being an integral part of the respective business offices.

13. Question.—What are the numbers of the ordinances, the dates on which passed, and the exact text of the ordinances that apply to this work?

Answer.—As previously cited: Sections 2603 and 2576 of the Welfare and Institutions Code.

14. Question.—What are the numbers of the ordinances; the dates on which passed; and the exact text of the ordinances that apply to this work?

Answer.—Rule 6, Section 4, County Rules Ordinance 929 NS (adopted October 1, 1923, and frequently amended), prescribes certain eligibility requirements for county aid, including the lien provision and the section making it mandatory upon the Superintendent of Charities to attempt collections.[16]

* * *

[16] Comment.—As previously stated, and especially in view of the recent California Supreme Court action, the question of instituting a test case to determine the constitutional points involved might well become a matter quite worthy of consideration.

The "frequently amended" rule concerning "eligibility requirements for county aid, including the

lien provision," should be carefully studied, from both the legal and social welfare standpoints.

* * *

15. Question.—What other counties and states have this?

Answer.—Unknown.

16. Question.—By whom were these proposed ordinances submitted to the Board of Supervisors, and through what committee of the Board of Supervisors were they presented to the entire Board for enactment?

Answer.—Probably[17] these orders were prepared by County Counsel at the express request of the Board.

* * *

[17] Comment.—The word "probably" seems out of place. It seems curious that the director of a county department division, which department sends out statements each year to the amount of $3,509,765.61, should not have, in the records of his office, the memoranda showing the official actions of the county's Board of Supervisors upon which the legal authority for his procedures must be based!

* * *

17. Question.—What portions of the Kern County Hospital Appellate Court Opinion is being used by the County Hospital as a basis for charging practically all patients a per day residence rate?

Answer.—The basis for claiming reimbursement from a county client is found in the previously cited section of the Welfare and Institutions Code; *not* in the Kern County decision.[18] The Kern County decision was taken into account, however, when the Board of Supervisors was requested to adopt a new schedule of charges for hospital care, based on a cost accounting system, to supersede the old flat charge rate of $4.00 per day. On this subject the Court expressed the following views:

"The defendants estimated the cost of hospitalization in the County Hospital at three dollars per day per patient. In arriving at this figure, no account was taken of a capital investment of several hundred thousand dollars, nor of depreciation. The amount of daily cost was reached by taking the total number at the Hospital, which included the dependent aged, as the divisor, and the total spent for the operation of the Hospital as the dividend, and dividing the result thus obtained by the number of days in the year. It is obvious that the daily cost of caring for an aged poor person who does not require hospitalization would not be as great as that of a strictly hospital patient. It is also obvious that the average daily cost of care and treatment of a patient hospitalized for a simple illness would not be as great as that of a strictly hospital patient. It is also obvious that the average daily cost of care and treatment of a patient hospitalized for a simple illness would not be as great as that of a serious operative case. The method used in reaching the daily cost per patient was so inaccurate and unbusinesslike that the result could not reflect the true daily cost to the county of any one patient. This must have resulted in gifts of county money to at least those patients who paid nothing and to those who paid only three dollars per day and who were serious operative cases."

* * *

[18] Comment.—See also Comment No. 7, previously considered, in re: Kern County Hospital opinion. It is suggested that a careful study of the Kern County Appellate Court decision be made by competent legal advisors of the county, and written opinions recorded, before bureau or other chiefs be given authority to make interpretations thereon that may be in error.

* * *

18. Question.—Any other pertinent information on the subject?

Answer.—Therefore, to conform with latest legal precedent on subject, the Department of Charities initiated the policy of billing clients on the basis of the actual cost of services rendered. The ultimate amount paid by the client is determined by his future resources, if any, and payments are adjusted according to financial ability. As the so-called Kern County decision runs counter to the acceptance of full-pay patients[19] by the county hospitals (with certain exceptions) this department has attempted to reconcile the views of the court to the provisions of law regarding reimbursement in a manner permitting the practical appliance without running contrary to legal interpretation.

* * *

I trust that the answers to your questions are sufficiently clear, and will be glad to give you any further information on the subject that you may desire.

Yours very truly,

REX THOMSON,
Superintendent of Charities.

By J. C. GREER,
Director, Accounts and Statistics.

* * *

[19] Comment.—The phraseology of this sentence leaves one in doubt as to whether this new system of collection was instituted independently, or with the written consent of the county's legal department.

Equally strange is the reference to "full pay patients." Up to now, it has been generally thought that the county hospitals of California were intended, by constitutional and legislative provisions, to provide hospitalization and medical care only for indigent or near-indigent persons who were sick or injured. As we read it, the Appellate Court decision in the Kern County Hospital case would so indicate. This view is also confirmed by the informal opinion, written on short notice, by Mr. Hartley Peart, general counsel of the California Medical Association. (See Exhibits D and E for these, pages 108 and 109.)

Occasionally, it has been stated that county employees not suffering from emergency illnesses or injuries have received treatment. If such cases are on record, investigation should be made to determine whether statements were sent to such patients, and also whether reimbursement was made. Another item for investigation would be amount of reimbursement made by insurance carriers for care to industrially injured citizens (Industrial Act of California).

EXHIBIT C

Presents:

1. The "form letter" which is sent to every inpatient after his dismissal from the Los Angeles County Hospital.

2. "Sample" of an actual statement rendered to a patient on the obstetrical service.

* * *

"County of Los Angeles
Department of Charities
Los Angeles, California
September 27, 1937.

Address reply to: Collection Division, Room 210, 434 S. San Pedro Street.
Re: ————
File No.————
Mr. ————
———— Street
Los Angeles, California
Dear Mr. ————

The account for aid advanced by the Department of Charities—County of Los Angeles, as shown above, has been referred to this office for collection.[20]

Remittance for the full amount should be made by return mail. If this is not possible because of financial conditions, *it will be necessary for you to call at this office on or before* (date) to arrange a definite plan of settlement consistent with your ability to pay.

Remittances are to be made payable to Department of Charities—County of Los Angeles, and mailed to this office. Kindly keep us informed of any change of address.

Your prompt attention is anticipated.

. Yours very truly,
DEPARTMENT OF CHARITIES
Collection Division
By ————

Notice: Please bring or return this letter with remittance. All aid advanced by the Department of Charities is collectible from the party receiving such aid, or from legally responsible relatives, as provided by State Law and County Ordinance. If care is given in any County Institutions, collection at the full legal rate established by the Board of Supervisors is at all times enforceable."

* * *

[20] Comment.—Attention is called to the language used in this letter, in which reimbursement to the County of Los Angeles is practically demanded of indigent and near-indigent patients, no mention being made of the fact that attending physicians have given the medical and surgical services without cost to patients or taxpayers. As a matter of fact, to the untutored, and to those who are not such, the phrase, "aid advanced by the Department of Charities," would seem to imply not only hospitalization (board, ward bed and nursing), but also professional services! Probably nine out of ten of the unfortunate citizens receiving such statements so construe the meaning of the letter. It is not difficult to imagine the consternation which must many times come to a poor wage earner, or indigent citizen, on receiving, of a sudden, such a letter, with the statement of his indebtedness for a large sum, to cover the cost of board, room and nursing given by the County of Los Angeles, which, in many cases, the patient and relatives thought were being supplied without cost.

* * *

Copy of Statement

Statement (date)
File No. ————
Aid advanced to ———— Baby
Address: As below
City: Los Angeles, California
Aid advanced by LACGH [Los Angeles County General Hospital]
Bill to ————
Address: Los Angeles, California
To County of Los Angeles,
Department of Charities
Collection Division
434 South San Pedro Street,
Los Angeles, California

* * *

Excerpts from Statement
(Copy)

Date	*Description*	*Charges*	*Balance*
	Statement for Infant		
Oct. 5-17, 1937	Obstetrical ward (infant) twelve days at $1	$ 12.00	$ 12.00
	Statement for the Mother		
Oct. 5- 8, 1937	Obstetrical ward (adult) four days at $4.46	$ 17.84	
Oct. 9-17, 1937	Infected obstetrical ward (adult) eight days at $4.23	33.84	
Oct. 5, 1937	Ambulance to hospital	2.50	
Oct. 5, 1937	Operative — Cesarean section[21]	136.80	
Oct. 9, 1937	Operative — Blood transfusion (450 cc.)	22.50	
Oct. 9, 1937	X-ray of chest	1.93	$215.41

* * *

[21] Comment.—The item in the statement sent to this particular patient for the use of the operating room and the services of its nursing personnel (for that is what is meant by the euphonious and misleading words, "Operative—Cesarean Section.....$136.80") is little less than appalling! For comparison, in the California Hospital, of Los Angeles, the use of the operating room for a cesarean section would be $10, and at the Cedars of Lebanon Hospital, $12.50. But the County of Los Angeles charged this supposedly indigent patient, for the same hospitalization not one whit better, the extraordinary sum of $136.80! Because of such extortionate charges, included in statements sent out by the County of Los Angeles, complaints are beginning to come in from all parts of the county—to the Public Health Committee of the Los Angeles Chamber of Commerce, to physicians and others. If a circular letter were to be sent to all patients who have been billed in the last six months, some most astounding and heart-rending revelations would, no doubt, be forth-

coming! Will such an investigation be made by the constituted public authorities who have responsibility in this?

The charge of $136.80 was evidently based on the illuminating footnote, "Explanation of Operating Room Service Unit," attached to Superintendent Gray's fee table, as given in Exhibit A, on page 100, with estimate *charges of so much per minute!* It will be interesting to learn what party or parties will now assume the responsibility for having promulgated the aforesaid fee table of hospitalization charges.

In the above excerpts from the statement under discussion, the words "Operative—Cesarean Section" certainly indicate "professional service" rather than "hospitalization." If such be the case, is not then a statement so rendered an example of frank misrepresentation? And if so, should such a practice be countenanced or continued?

EXHIBIT D

Presents:

1. The full opinion of the California Appellate Court (Fourth District) handed down on January 30, 1936, and presumably used as a partial or complete justification for the institution of a new system for securing reimbursement for hospitalization services from former county hospital patients. The court's rulings are practically all included under Item 8 of the opinion, and a careful perusal of that item is suggested, especially since its substance is referred to in several of the exhibits here presented. (See page 108 for Item 8.)

* * *

PUBLIC HOSPITALS IN CALIFORNIA CANNOT HOSPITALIZE NON-INDIGENT PATIENTS*

OPINION OF THE APPELLATE COURT (FOURTH DISTRICT) AFFIRMING DECREE OF INJUNCTION RENDERED BY SUPERIOR COURT JUDGE K. VAN ZANTE

Because of its medical and legal importance and interest to the citizens and medical profession of the State of California, the opinion of the Appellate Court rendered on January 30, 1936, affirming, as modified, the decree of judgment rendered on December 4, 1933, in the Superior Court of Kern County, California, by Judge K. Van Zante is reprinted. Since this decision was handed down on January 30, 1936, it has been frequently referred to, especially in connection with county hospitals in California, whose administrators were extending the scope of such public institutions, into fields beyond their original scope.

The Appellate Court opinion follows.

* * *

Civil No. 1761. Fourth Appellate District
January 30, 1936

O. P. Goodall, T. M. McNamara, P. J. Cuneo, S. C. Long, H. N. Brown, F. J. Gundry, C. S. Compton, W. H. Moore, L. H. Fox, and L. C. McLain, Plaintiffs and Respondents, vs. Perry Brite, Stanley Abel, W. R. Woollomes, J. O. Hart, and Charles W. Wimmer, individually and as members of the Board of Supervisors of Kern County, and Kern County, a legal subdivision of the State of California, Defendants and Appellants.

[1] *Constitutional Law—Public Money—Gifts.*—Section 31 of Article IV of the Constitution prohibits cities and counties from making any gifts of public funds and from using public funds for private purposes, and the legislature cannot authorize the use of county funds for any such purpose.

[2] *Id.—Counties—Hospitals.*—While the board of supervisors of a county has the general power to adopt rules and regulations for the operation of a county hospital, that power must be exercised within the limits of their constitutional powers.

[3] *Id.—Public Health—Police Power.*—The promotion of the public health and general welfare of the citizens of a county falls within the powers granted to counties by Section 11 of Article XI of the Constitution.

[4] *Id.—Counties—Hospitals—Public Health—Police Power—Public Money—Gifts.*—The admission and treatment of patients in a county hospital who, either themselves or through legally responsible relatives, can provide themselves with equally efficient care and treatment in private institutions in the county does not promote the health and general welfare of the citizens of the county and is not a proper exercise of the police power of that county, but results in the use of public money for private purposes in violation of Section 31 of Article IV of the Constitution.

[5] *Id.—Indigents—Hospitals—Public Health—Police Power.*—A patient in need of hospitalization, who cannot himself, or through legally liable relatives, pay the charges of a private institution, but who can pay something toward his care and treatment in the county hospital, should be admitted to the county hospital because the care of such sick and injured promotes the public health and general welfare of the community in which he lives.

[6] *Id.—Counties—Hospitals—Statutory Construction.*—In this action to enjoin defendant board of supervisors from admitting certain classes of patients to the county hospital, there was no merit in the contention that as the legislature has provided that certain classes of patients in the county hospitals may pay for their care, under the maxim, "Expressio unis est exclusio alterius," the members of no other class who can contribute to their care can be admitted, and that as it is provided that those belonging to certain classes shall be admitted, no others can be received.

[7] *Id.—Hospitals—Emergency.*—In such action, the injunction issued by the trial court should have provided that in cases of accident or sudden illness, or of public disaster, such as fire, earthquake, floods, storms or epidemics, people injured or rendered suddenly ill, and for whom immediate hospitalization is made necessary, should be admitted promptly; but in such cases investigation should be made of their abilities to pay for the services rendered, and the Board of Supervisors should not hesitate to collect the full cost of hospitalization from those able to pay, and from others not able to pay in full, a fair amount, to be determined after an investigation of their resources.

[8] *Id.—Injunction—Statutes.*—In such action, the injunction issued by the trial court was not sufficiently elastic, in that it failed to provide for any contingency arising from changes in state legislation relating to the classes to be admitted and the conditions of admissions to county hospitals.

Appeal by defendants from a judgment of the Superior Court of Kern County, K. Van Zante, Judge, in an action for an injunction. Affirmed as modified.

For Appellants—Thomas Scott, District Attorney; W. A. McGinn, Assistant District Attorney; Borton & Petrini, Special Counsel.

Amici Curiæ for Appellants — Nutter & Rutherford, Stephen Dietrich.

For Respondents—Siemon, Clafiin & Maas; Hartley F. Peart; Finlayson, Bennett & Morrow.

Amici Curiæ for Respondents—Elvon Musick, Howard Burrell, E. Perry Churchill.

* * *

*The plaintiffs are citizens and taxpayers of the County of Kern. The individual defendants are the members of the Board of Supervisors of the county.**

Kern County maintains a hospital for the hospitalization of the sick and injured as well as for the care of the indigent poor and indigent aged of the county. The hospital is a well-equipped institution. With the tacit, if not the express, consent of the supervisors, it is the practice to admit as patients persons well able to pay for hospitalization in private institutions, either themselves or through relatives legally liable for their support and, also, persons who can pay only part of the cost of their hospitalization in the county institution and who obviously cannot pay the higher costs of private hospitalization. *The plaintiffs challenged the right of defendants to use county funds to provide hospital care for these two classes of patients except in certain instances where such practice is permitted by statute.*

It is freely conceded by counsel for defendants that they have provided hospitalization in the county hospital for these two classes of patients and that they will continue to do so if not enjoined by order of court. It is also ad-

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* This caption and its subhead, with introductory paragraph, are reprinted from CALIFORNIA AND WESTERN MEDICINE, March, 1936, on page 189.

* Editor's Note.—Italics our own.

mitted that in the past both these classes of patients have been asked to make "donations" toward the cost of their hospitalization; that no charges have been made against them and that no effort has been made to collect from any of them where the donations had not been made. It is also apparent from the evidence that some citizens of Kern County who were financially able to pay for hospitalization and treatment in private institutions had been hospitalized for considerable periods of time in the county hospital without making any payments therefor. The trial court, on ample evidence, found there were sufficient private hospitals in Kern County to satisfactorily care for all cases hospitalized in the county hospital where the patients, or relatives legally liable for their support, could have paid for private hospitalization. Therefore, we do not have presented here any question of the right of a county hospital to receive a patient possessing substantial means where there was no other hospital within a reasonable distance which could afford him proper care and treatment.

Boards of supervisors are given the express power to establish and maintain county hospitals and to provide rules for their government and management. (Sec. 4223, Political Code.) A like power is given them to establish and maintain almshouses and county farms. (Sec. 4224, Political Code.) In Kern County the poor are cared for at the county hospital. Therefore, it is a combination county hospital and almshouse.

Defendants maintain that as the Board of Supervisors of Kern County is given the power to "establish" and "maintain" a county hospital and provide rules for its "government" and "management," the question of who shall be admitted and upon what terms is within the sound discretion of the board and cannot be controlled by injunction. They also urge that Section 11 of Article XI of the Constitution vests in counties police powers which are as broad as those possessed by the state, except where prohibited by statute. From this they argue that as the promotion of the health of the residents of Kern County, as well as the promotion of their general welfare, is one of the principal police powers given under this section they may admit to the hospital any resident of Kern County possessing the necessary qualifications of residence regardless of his ability to pay and without making any charge against him.

We will first consider these questions from the point of view of the admission to the hospital of those patients who either themselves, or through legally liable relatives, are able to secure and pay for hospitalization and treatment in private institutions.

Section 31 of Article IV of the Constitution "took from the legislature the power to give, lend, or authorize the giving or lending of the state's credit, or that of any county, city and county, city or township, or other political corporation or subdivision of the state, in aid of or to any person, association, or corporation, municipal or otherwise, or to pledge the credit thereof in any manner whatever, for the payment of the liabilities of any individual, association, municipal or other corporation, whatever; or to make or authorize the making of any gift of any public money or thing of value to any individual, municipal or other corporation whatever.

"These limitations divested the legislature of all power to make appropriations of money to any private or quasi-public corporation or to make any gift to any municipal or public corporation not under the exclusive control and management of the state. It also deprived the legislature of the power to authorize counties to make donations or gifts or pledges of credit to such associations. *The Constitution does not give to any department of the state government any power whatever to engage in private business or enterprise, or to manage and control private corporations or quasi-public corporations for private profit, although such corporations may be carrying on enterprises or performing functions which are for general public benefit and which tend to promote the general welfare. Our state government has no such powers." (People* vs. *San Joaquin Valley etc. Assn.*, 151 Cal. 797.)

[1] *It has been held that this same section of the Constitution prohibits cities and counties from making any gifts of public funds and of using public funds for private purposes. (Pacific Mutual Life Ins. Co.* vs. *County of San Diego*, 112 Cal. 314; *City of Oakland* vs. *Garrison*, 194 Cal. 298; *Chapman* vs. *City of Fullerton*, 90 Cal. App. 463.)* The legislature cannot authorize the use of county funds for any such purposes. (*Conlin* vs. *Board of Supervisors*, 99 Cal. 17; *Conlin* vs. *Board of Supervisors*, 114 Cal. 404; *Johnston* vs. *County of Sacramento*, 137 Cal. 204.)

[2] *It must be conceded that while the board of supervisors has the general power to adopt rules and regulations for the operation of the Kern County hospital, that power must be exercised within the limits of their constitutional powers. It must be further conceded that if their acceptance for hospitalization of patients who, themselves, or through legally liable relatives can provide efficient hospitalization elsewhere, amounts to a gift of public funds to private persons which is prohibited by Section 31 of Article IV of the Constitution, its continuance may be enjoined by the courts.*

In discussing the extent of the grant of police powers to municipalities by Section 11 of Article IV of the Constitution the Supreme Court in the case of *Miller* vs. *Board of Public Works*, 195 Cal. 477, said: "The police power of a state is an indispensable prerogative of sovereignty and one that is not to be lightly limited. Indeed, even though at times its operation may seem harsh, the imperative necessity for its existence precludes any limitation upon its exercise save that it be not unreasonably and arbitrarily invoked and applied. (*Hadacheck* vs. *Sebastian*, 239 U. S. 394, Ann. Cas. 1917B, 927, 60 L. Ed. 348, 36 Sup. Ct. Rep. 143; *District of Columbia* vs. *Brooke*, 214 U. S. 138, 149, 53 L. Ed. 941, 29 Sup. Ct. Rep. 560; see, also, Rose's U. S. Notes.) It is not, however, illimitable, and the marking and measuring of the extent of its exercise and application is determined by a consideration of the question of whether or not any invocation of that power, in any given case, and as applied to existing conditions, is reasonably necessary to promote the public health, safety, morals (*Hannibal etc. R. R. Co.* vs. *Husen*, 95 U. S. 465, 470, 471, 24 L. Ed. 527; *Boston Beer Co.* vs. *Massachusetts*, 97 U. S. 25, 24 L. Ed. 989), or general welfare of the people of a community. (*Chicago, B. & Q. Ry. Co.* vs. *Illinois*, 200 U. S. 561, 592, 4 Ann. Cas. 1175, 50 L. Ed. 596, 26 Sup. Ct. Rep. 341; see, also, Rose's U. S. Notes.) . . .

"In its inception the police power was closely concerned with the preservation of the public peace, safety, morals, and health without specific regard for 'the general welfare.' The increasing complexity of our civilization and institutions later gave rise to cases wherein the promotion of the public welfare was held by the courts to be a legitimate object for the exercise of the police power. As our civic life has developed so has the definition of 'public welfare' until it has been held to embrace regulations 'to promote the economic welfare, public convenience and general prosperity of the community.' (*Chicago, B. & Q. R. R. Co.* vs. *Illinois, supra.*) Thus, it is apparent that the police power is not a circumscribed prerogative, but is elastic and, in keeping with the growth of knowledge and the belief in the popular mind of the need for its application, capable of expansion to meet existing conditions of modern life and thereby keep pace with the social, economic, moral, and intellectual evolution of the human race. In brief, 'there is nothing known to the law that keeps more in step with human progress than does the exercise of this power.' (*Streich* vs. *Board of Education, supra*), and that power 'may be put forth in aid of what is sanctioned by usage, or held by the prevailing mortality or strong and preponderant opinion to be greatly and immediately necessary to the public welfare.' (*Noble State Bank* vs. *Haskell*, 219 U. S. 104, Ann. Cas. 1912A, 487, 32 L. R. A. [N. S.] 1062, 55 L. Ed. 112, 31 Sup. Ct. Rep. 186; see, also, Rose's U. S. Notes.)" See, also, *Coelho* vs. *Truckell*, 82 Cal. App. Dec. 639.

In *Jardine* vs. *City of Pasadena*, 199 Cal. 64, it is said: "The selection of the hospital site was a matter witnin the legislative discretion of the board of directors of the city, and unless in the exercise of that discretion the board acted arbitrarily and unreasonably, its action ought not to be enjoined.

" 'The location, establishment and maintenance of such an institution is clearly within the scope of the police power of the city. General police authority to protect the public health is conferred upon the city by Section 11 of Article XI of the State Constitution, which provides that "any county, city, town, or township may make and enforce within its limits all such local, police, sanitary and other regulations as are not in conflict with general laws." ' "

[3] It follows as an inescapable conclusion from what has been said in the cases from which we have quoted that the promotion of the public health and general welfare of the citizens of Kern County falls within the powers granted to the county by Section 11 of Article XI of the Constitution. *Does the hospitalization in the county hospital of those able to secure efficient hospitalization in other institutions promote the health and general welfare of the citizens of Kern County? The answer to this question will determine whether that policy falls within the protection of the provisions of Section 11, and also whether the expenditure of public funds for that purpose amounts to a use of them for a public purpose or gifts to private persons.* This last follows, because, if the use of the money for the purposes specified promotes the health or general welfare of the people of Kern County, that in itself should be held to be expenditures for a public purpose and not gifts to private persons.

[4] In approaching this question it should be borne in mind that the record establishes the fact that there are excellent privately owned hospitals in Kern County with sufficient facilities to care for those who can pay for their care and treatment. It seems, therefore, that the question is not so much the preservation of the health and general welfare of the financially able citizens of the county as it

is one of the preservation of their private resources. If a patient can be given the same and equally efficient care and treatment in a private hospital that he can receive in the county institution, his choice of a hospital does not determine his chances of recovery but merely the amount he must pay to be healed, and whether he will pay the established charge of a private institution, or nothing or the small donation hoped for by the county hospital. The preservation of the health and general welfare of the citizens of the county is a question of the prevention and cure of disease generally, and not the accomplishment of these ends by any particular means or in any particular institution. *We, therefore, conclude that the admission and treatment of patients in the county hospital who, either themselves or through legally responsible relatives, can provide themselves with equally efficient care and treatment in private institutions does not promote the health and general welfare of the citizens of Kern County and is not a proper exercise of the police power of that county and results in the use of public money for private purposes.*

We have further facts in the record bearing upon the question of the use of public money for private purposes. The defendants estimated the cost of hospitalization in the county hospital at three dollars per day per patient. In arriving at this figure no account was taken of a capital investment of several hundred thousand dollars, nor of depreciation. The amount of daily cost was reached by taking the total number at the hospital, which included the dependent aged, as the divisor, and the total spent for the operation of the hospital as the dividend, and dividing the result thus obtained by the number of days in the year. It is obvious that the daily cost of caring for an aged poor person who does not require hospitalization would not be as great as that of a strictly hospital patient. It is also obvious that the average daily cost of care and treatment of a patient hospitalized for a simple illness would not be as great as that of a serious operative case. *The method used in reaching the daily cost per patient was so inaccurate and unbusinesslike that the result could not reflect the true daily cost to the county of any one patient.* Thus must have resulted in gifts of county money to at least those patients who paid nothing and to those who paid only three dollars per day and who were serious operative cases.

[5] When we approach the question of those patients who are admitted to the county hospital and who cannot pay for hospitalization in private institutions but who can pay something toward their care and treatment, we have an entirely different situation from the one we have been considering. We must bear in mind that providing hospital facilities to those legally entitled thereto is a proper exercise of the police power of the county (*Jardine* vs. *City of Pasadena, supra*) as it tends to promote the public health and general welfare of the citizens of the county. (*Miller* vs. *Board of Public Works, supra.*) In the second phase of the case we have the problem of the care of the health and the promotion of the general welfare of what we may term the deserving needy but not the pauper class of the county. This class must be hospitalized at the county hospital or permitted to suffer without proper care. It is common knowledge that this class composes a considerable proportion of the body of the citizenship of any county. As a rule those composing it are honest, industrious, and often thrifty people whose welfare should be of first concern to any governmental agency. *It is admitted that a resident pauper must be hospitalized at public expense.* This is a matter of pure humanity and no one, solely because of poverty, should be permitted to suffer because of lack of funds. The same reasons apply with greater force to the class we are considering. We can visualize the head of a family who has employment and can keep it—an honest worker, frugal and thrifty, who supports his family, educates his children, and has perhaps acquired an equity in a modest home. If he is injured, not in the course of his employment, the family income stops and he may require hospitalization and may lack the funds with which to enter a private institution. Must it be said that he should be refused admission to the county hospital because he is not a pauper when if he were a pauper he would be admitted without question? This would amount to the penalizing of honest industry, thrift and independence, and would place a premium on indolence and shiftlessness. *Under the principles of humanitarianism, and in the interest of a sound policy, we are compelled to hold that a patient in need of hospitalization, who cannot himself, or through legally liable relatives, pay the charges of a private institution, should be admitted to the county hospital because the care of such sick or injured promotes the public health and general welfare of the community in which he lives.*

If it were necessary we could find another satisfactory reason for the admission of this class of patients to the county hospital. *It is admitted that indigent persons are to be admitted when in need of hospitalization. As far as we know the term "indigent" has not been defined in California in so far as its use in connection with admissions to county hospitals is concerned.* It has been defined in other states chiefly in connection with the admission of the indigent insane to hospitals. *The term when thus used has been held to include persons with insufficient means to pay for hospitalization after providing for those who legally claim their support.* (*Depue* vs. *District of Columbia,* 45 App. D. C. 54; *In re Hybart,* 119 N. C. 359, 25 S. E. 963; *Mass. Gen. Hospital* vs. *Inhabitants of Belmont,* 233 Mass. 190, 124 N. E. 21; *People* vs. *Board of Supervisors,* 121 N. Y. 345, 24 N. E. 830). *Applying this definition to the instant case, we hold that the word "indigent," when used in connection with admissions to county hospitals, includes an inhabitant of a county who possesses the required qualifications of residence, and who has insufficient means to pay for his maintenance in a private hospital after providing for those who legally claim his support.*

[6] Under the maxim, "Expressio unis est exclusio alterius," it is urged that as the legislature has provided that certain classes of patients in the county hospitals may pay for their care, the members of no other class who can contribute to their care can be admitted, and, further, that as it is provided that those belonging to certain classes shall be admitted, no others can be received.

We cannot agree with this argument. Boards of supervisors are given broad powers in providing for the establishment and maintenance of county hospitals and in prescribing rules for their government and management. (Sec. 4223, Political Code.) *The word "management" has been frequently defined when used in legal phraseology.* When used in a statute giving the husband management and control over his wife's property it has been held to mean that it gave him the power to invest her money. (*Sencerbox* vs. *First National Bank,* 14 Idaho 95, 93 Pac. 369.) When used in the title of an act relating to reform schools, it was held to include provisions in the act providing for the committing of certain juveniles to the schools. (*In re Sanders,* 53 Kan. 191, 36 Pac. 348.) See, also, *Watson* vs. *Cleveland,* 21 Conn. 538; *Commissioners of the Sinking Fund* vs. *Walker,* 7 Miss. [6 How.] 143; *In re Brennan's Will,* 251 N. Y. 39, 166 N. E. 797; *City of Topeka* vs. *Independance Ind. Co.,* 130 Kan. 650, 287 Pac. 708; *Stagway* vs. *Riker,* 84 N. J. Law 201, 86 Atl. 440. *When a board of supervisors is given management of a county hospital, that body is given the power to adopt rules for the admission of patients, provided, of course, that they must admit those entitled by law to enter and cannot admit those whose reception is prohibited by law of the Constitution.* In their rules of admission they should have the power to provide for the payment for care by those not financially able to secure hospitalization in a private institution, the amount to be paid to be determined to its maximum by the cost to the county of hospitalization of each individual patient and charged to the patient on his ability to pay. In the administration of public funds the supervisors are acting as trustees and they should so administer those funds as to lighten the taxpayers' burden as much as possible.

[7] *Another class of patients which should be admitted to county hospitals deserves our consideration.* In cases of public disaster, such as fire, earthquake, floods, storms, or epidemics, people may be injured or rendered suddenly ill and immediate hospitalization may be necessary to save life. The same is true in cases of accident or sudden illness. In such cases, delays in admissions to permit investigations of the financial conditions of the patients might cause loss of life. Such patients should be admitted promptly, investigation of their abilities to pay should follow. Ordinary humanity could dictate no other course. In such cases boards of supervisors should not hesitate to collect the full cost of hospitalization from those able to pay, and from others not able to pay in full, a fair amount, to be determined after an investigation of their resources. We have stricken clause "i" from the decree of the trial court and have added another under the same letter to provide for such cases.

* * *

[8] The decree in this case is not elastic. Over a period of years the legislature has changed and increased the classes to be admitted to county hospitals. That body may continue with such legislation and many provide for the admission of new classes, or restrict those now admitted, or place new conditions upon admissions. To take care of this contingency we have added clause "j" to the decree.

Defendants complain that the decree as rendered is uncertain in several particulars. Plaintiffs in effect admit the charge by proposing amendments to it. We have studied the decree as amended by them and have concluded that it substantially meets the objections of defendants. On our own motion we have stricken one paragraph which plaintiffs proposed to retain as we regard it as surplusage.

It is ordered that the decree of injunction rendered by the trial court on December 4, 1933, be modified by striking therefrom the words, letters and figures not appearing in the decree of injunction hereinafter set forth and adding the words, letters and figures appearing in the decree of injunction hereinafter set forth which do not appear in the said decree signed by the trial judge *so that the decree of*

injunction in this case shall read as follows: (Following the title of the court and cause.)

"The above-entitled matter having been heretofore heard and determined by the undersigned Judge of the Superior Court of the State of California, written findings of fact and conclusions of law having been heretofore duly and regularly signed and filed herein ordering judgment in favor of the above-named plaintiffs and against the above-named defendants as hereinafter given and made, and the case being in all respects ready for final judgment and decree:

"It is therefore ordered, adjudged, and decreed that the defendants Perry Brite, Stanley Abel, W. R. Woollomes, J. C. Hart, Charles W. Wimmer, individually, and as members of the Board of Supervisors of Kern County, and Kern County, a legal subdivision of the State of California, and each of them, and every officer, deputy, agent, appointee, subordinate, servant or employee of the above-named defendants, or either or any of them, and particularly and especially the officers, deputies, agents, employees, appointees, servants, doctors, superintendents, heads of departments, internes, nurses, and assistants, and all other persons acting under defendants or any of them in any matter relating to the operation, maintenance, administration, or conduct of that certain County Hospital of the County of Kern known as the Kern General Hospital, be, and each of such persons *is, and all of them are hereby forever permanently restrained, enjoined, and commanded to desist from admitting to and receiving as patients of, caring for, curing, treating, boarding, nursing, furnishing food or supplies or lodging to, or hospitalizing in, said Kern General Hospital, or at or in any out-patient clinic thereof, any person:* *

Who, after due injury and investigation is not found to be an indigent person as herein defined,

or a dependent or partially dependent person in case of emergency,

or who is found, after due inquiry and investigation, to be a person who is himself, or has a relative or relatives legally liable for his support, able to pay for and obtain proper and necessary medical or surgical or hospital care or treatment or services for himself elsewhere than in the county hospital except as hereinafter specified.

The following should be admitted:

(*a*) An indigent sick or dependent poor person.

(*b*) A needy sick and dependent or partially-dependent citizen in case of emergency.

(*c*) A psychopath, narcotic addict or habitual inebriate temporarily in custody.

(*d*) A physically defective and physically handicapped person under the age of eighteen years when the parents or guardians of such person are not financially able to secure proper care or treatment and when such person's admission and treatment has been duly authorized in the manner provided by law.

(*e*) A person in the active stages of tuberculosis, in wards established for the treatment of such persons, who is able to pay for such treatment and who, when able to pay, is required to pay for such treatment.

(*f*) A person to be quarantined or isolated in the county hospital with a contagious, communicable or infectious disease.

(*g*) A prisoner confined to any city or county jail who requires medical or surgical treatment necessitating hospitalization where such treatment cannot be furnished or supplied at such jail when the Superior Court of the county shall have ordered the removal of such prisoner to the county hospital and said prisoner elects not to furnish such treatment at his own expense.

(*h*) A county employee injured in the course of his employment by the county when hospitalization is reasonably required to cure and relieve the effects of such injury.

(*i*) A person in need of immediate hospitalization on account of accident or sudden sickness or injury or by reason of sickness or injury caused by or arising in a sudden public emergency or calamity or disaster. Provided,

(*j*) Nothing in this decree shall be construed as restraining defendants from obeying or carrying out or giving effect to any law that may be passed hereafter relating to the hospitalization of patients in county hospitals which may affect the hospital in Kern County.

"It is further ordered that plaintiffs have their costs herein expended taxed at $306.62.

"Done in open court this fourth day of December, 1933.

"K. VAN ZANTE, Judge of the Superior Court."

As so modified the judgment is affirmed. Each party will pay their own costs on appeal.

MARKS, J.

We concur:
BARNARD, P. J.
JENNINGS, J.

* Editor's Note.—This last paragraph in the Opinion has been broken down into subparagraphs for greater convenience in perusal.

EXHIBIT E

Presents:

1. A letter dated January 17, 1938, from Doctor Kress to the General Counsel of the California Medical Association, requesting informal comment to certain questions concerning the Kern County Appellate Court decision.

2. Reply dated January 19, 1938, of General Counsel Peart to the above letter.

* * *

(A letter dated January 17, 1938, from Doctor Kress to Mr. Hartley F. Peart, General Counsel of the California Medical Association, requesting informal comment to some questions concerning the Kern County Appellate Court decision)

"Los Angeles, January 17, 1938.

Mr. Hartley Peart,
1800 Hunter Dulin Building,
111 Sutter Street, San Francisco, California

Dear Hartley:

I dislike to bother you with new queries, but, as stated at the California Medical Association Council meeting on January 15, the admission of patients to county hospitals, who are neither 'pauper indigents' nor 'medical indigents' is a matter of pressing importance.

In the March, 1936, CALIFORNIA AND WESTERN MEDICINE, page 189, you will find the Appellate Court decision in the Kern County Case, and I am asking you for an informal legal opinion on certain of its provisions. . . .

Try to send me some informal notes, but promptly, because they may be of help in editorial and other comment.

Cordially yours,
GEORGE H. KRESS, M.D."

* * *

(Letter dated January 19, 1938, from General Counsel Peart giving some informal opinions on questions contained in Doctor Kress's letter of January 17, 1937. Italics, etc., by the Editor)

"Re Goodall *v.* Brite—County Hospitals
San Francisco, January 19, 1938.

Dear Doctor Kress:

Upon receipt of your letter of January 17 in regard to the above case, we have reëxamined the portions of the court's opinion to which you called our attention, and have reached the following conclusions:

* * *

In regard to the determination of indigency or non-indigency, it appears to us clear, from the opinion of the District Court of Appeal in Goodall *v.* Brite, that boards of supervisors are obliged by law to determine whether or not a prospective

patient is an indigent *prior to admission* in the county hospital *unless* the case is an emergency, as defined in clause (i) of the injunction, viz.:

'A person in need of immediate hospitalization on account of accident or sudden sickness or injury or by reason of sickness or injury caused by or arising in a sudden public emergency or calamity or disaster.'

* * *

With respect to your second question, namely:

'Has a county hospital a legal right to admit an emergency patient as an indigent without first determining that point through social service investigation?'

It is my opinion that the decision in Goodall *v.* Brite conclusively determines the law to be that *boards of supervisors have no legal right to admit a non-indigent patient as an indigent without first determining the fact of indigency by 'due inquiry and investigation.'*

Whether or not due inquiry and investigation requires social service investigation is not determined by Goodall *v.* Brite, although it can be said, without hesitation, that due inquiry and investigation involves a bona fide factual inquiry by competent persons.

The reason that I have answered your inquiry in the above manner is that the injunction of the Superior Court, approved by the District Court of Appeal, specifically enjoins the supervisors of Kern County from

'Admitting to and receiving as patients of, caring for, curing or treating, boarding, nursing, furnishing food or supplies or lodging to or hospitalizing in said Kern General Hospital or at or in any out-patient clinic thereof, *any person who, after due inquiry and investigation,* is not found to be an indigent person as herein defined, or a dependent or partially independent person in case of emergency, or who is found, *after due inquiry and investigation,* to be a person who is himself, or has a relative or relatives legally liable for his support, able to pay for and obtain proper and necessary medical or surgical or hospital care. . . .'

The phrase 'after due inquiry and investigation,' which appears twice in the portion of the injunction above quoted, necessarily implies that boards of supervisors are under a duty to determine the fact of indigency or non-indigency prior to admission in the county hospital, except in those cases coming within clause (i) of the injunction, which I have previously quoted.

* * *

With respect to your next inquiry, namely:

'If a patient is entered as an indigent, by what right do they make the patient sign a note for repayment for hospitalization service later on?' it appears to me that this is a point which has not arisen in the past and, therefore, requires careful examination of all of the statutory and constitutional provisions relating to powers and duties of the several boards of supervisors.

The injunction in Goodall *v.* Brite, which was very carefully prepared and which was approved by the District Court of Appeal after a lengthy and exhaustive hearing, *leads one to believe that the District Court of Appeal assumed that persons admitted to county hospitals as indigent sick or dependent poor persons, after due inquiry and investigation had established such to be the fact, would never be called upon to pay the cost of hospitalization if they should, in the future, acquire resources, but that, on the other hand, the court definitely felt that partially indigent persons should be admitted and that such persons should be required to pay that portion of the cost of hospitalization which their available financial resources would allow.*

Of course, the *court held that persons wholly able to pay* for private hospitalization and for medical or surgical services could not, under any circumstances, be admitted to county hospitals.

* * *

It occurs to us that the situation which you mention in your inquiry could not arise if the court's decision in Goodall v. Brite is followed by the several boards of supervisors, because, if it is followed, due inquiry and investigation are made before admission. Hence, the facts are known, and only those who are partially able to pay need be required to make any payment. *If the court's decision is not followed, and no inquiry and investigation is made, the answer is, of course, that the board of supervisors must be considered to be acting in excess of its statutory authority.*

* * *

The foregoing comments are the result of a hasty reëxamination of the decision in Goodall *v.* Brite, and I am sending this to you without further research because you state in your letter that you are in a great hurry for my comment.

111 Sutter Street.

Very truly yours,

HARTLEY F. PEART."

EXHIBIT F

Presents:

1. A newspaper item of January 6, 1938, stating that the California Supreme Court had evidently found merit in the contention concerning the question, "Do county boards of supervisors have a legal right to demand liens on the property of citizens who had received county aid?"

The court's decision will be awaited with interest, because it may have an important bearing on the action of county authorities in taking liens on the property of former county hospital patients, intended to reimburse a county to cover costs of board, lodging and nursing (the usual hospitalization charges). Should not an indigent sick citizen

be as worthy of consideration as an old age pensioner, who may be in good health?

* * *

(Copy)

COUNTY FACES $960,000 LOSS IN LIEN CASE

State Supreme Court Rules 1937 Law Cancels Hold on Properties of Pensioners

Los Angeles County faces the prospect of losing $960,000 in liens on the property of 4,000 state-aid pensioners as a result of a ruling of the California Supreme Court yesterday.

The Supreme Court issued an alternative writ returnable on January 12 [1938] when Roger Jessup, chairman of the Board of Supervisors, must show cause why he should not release title to the property of eight pensioners. These pensioners accepted liens on their property in favor of the state under the 1935 law in order to obtain state aid.

Test Case

The 1937 law wiped out the necessity for such liens and was designed to cancel all former liens. The county holds 4,000 of them at a face value of $960,000. If the 1937 law is sustained, all of these must be released.

Eight recent cases of deceased pensioners were put into one suit to establish a test case, which by its action the Supreme Court agreed to hear.—*Los Angeles Examiner*, January 6, 1938.

EXHIBIT G

Presents:

1. A letter dated December 23, 1937, from the Superintendent of the Los Angeles County Hospital to the Los Angeles County Auditor, in which attention is called to faulty methods of estimating hospitalization costs, in so far as the same relate to operating rooms and personnel charges.

2. A letter dated December 27, 1937, from the Superintendent of the Los Angeles County Hospital to the Director of Accounts, Budgets and Records of Los Angeles County, calling attention to faults in the system of estimating hospitalization charges, especially as regards the use of operating rooms and personnel.

* * *

(Letter from County Hospital Superintendent to the County Auditor[22]*)*

"The Los Angeles County General Hospital,
Los Angeles, California
December 23, 1937.

Mr. H. A. Payne,
County Auditor,
Room 302, Hall of Records,
County of Los Angeles
Dear Mr. Payne:

When the cost accounting survey at the hospital was undertaken by your office and figures were finally developed as a basis for the making of charges for hospital care to patients of this institution, we were instructed as follows in connection with operating room service:

'Explanation of operating room service units: The total operating room service units per operation is obtained by multiplying the actual number of minutes spent by the patient in undergoing the operation by the number of county paid persons in attendance. The term "operating room" does not apply to surgical operations but is a general term also applicable to orthopedic and obstetrical services.'

Because this hospital is a teaching institution both for internes studying medicine and surgery and for student nurses, there are frequently in attendance in operating rooms persons in excess of the number who would ordinarily be required as a minimum necessary for the performance of the operation procedures. It might be suggested that in the determining of charges that will be entered against the patient, only those persons considered essential should be included in the cost figures maintained. In attempting to accomplish this, however, I am certain we would encounter many difficulties, for our surgeries are scheduled to be in constant use and surgical crews are changing even while the patient just operated is being removed from the table and the next patient, already under anesthesia, is being brought into the operating room. Difficulties would undoubtedly arise should we attempt to have some one individual decide just who in the operating room were essential, as so frequently the assistants considered essential could be determined only by the surgeon. At the moment that such determination should be made, there is no time allowed for 'time out' to permit the designation of certain individuals who should be present, as you will appreciate the patient is even then partially anesthetized, and as soon as he is placed on the table further anesthesia is administered and the attendants immediately busy themselves with preparing the patient for the operating procedure which is to be undertaken immediately. It is of prime importance that no delay be imposed upon or allowed the surgical staff from this moment on. Considering again that 'essential assistants' are so frequently a matter of opinion of the surgeon, it may be readily realized that two identical operations would bear different costs.

The result of following the procedure as outlined has been that charges have been made to patients who have received surgery at the hospital which are ridiculous in their amounts; in fact, it is not uncommon that charges are indicated that are considerably above those that the patient would be required to pay in a private institution. This situation is bringing a great deal of criticism to the hospital and the Department of Charities, and we must agree that in many instances the criticism is entirely justified.

To correct this situation, we strongly urge that the county charge patients for operations depending upon the average cost of performing the type of operation to be undergone by the patient to be charged. These average costs are available, and, if used, would be developed in a manner similar to the development of the costs for routine ward care. For instance, we charge a patient $4.11 per day for care in the pediatric service; $4.10 per day on the orthopedic service; $3.81 on the ear, nose and throat service, and so on through the several services. The care for which these charges are made represents the average cost to the county of providing care for patients on the respective services. It is acknowledged that between two patients on the same service, one may require and receive considerably more nursing attention than the other,

yet the charge made to these two patients is the same inasmuch as the charge is based upon the average cost of care of patients generally upon the ward in question. Could we not then consider it feasible and proper to base our charges for surgery on the average cost of performing an operation of any given character? If this could be allowed, we believe that we would be making our charges on an equitable and defensible basis and we are therefore requesting that every effort be made to authorize the hospital to prepare charges for surgical procedures on the basis suggested.

We feel that it is very important that such changes be instituted as soon as possible in order that the hospital and the county will be relieved at once of the many criticisms that have arisen from the procedures now in practice, of which we do not approve.

Very truly yours,
(Signed) EVERETT J. GRAY,
Executive Superintendent.

cc: Supt. of Charities
Mr. Sydney Ickes
Medical Director, LACH
Medical Director, LACGH
Director, Accounts,
Budgets and Records."

* * *

[22] Comment.—At the end of six months, with an increasing number of complaints being brought to their attention, the Los Angeles County Hospital authorities finally wrote to the County Auditor and County Director of Accounts. Hospital Superintendent Gray's comment, "that charges have been made to patients who have received surgery at the hospital which are ridiculous in their amounts," does not fully tell the story. The word "ridiculous," when applied to the use of an operating room and its nursing and orderly personnel (surgical operation not included) for a cesarean section operation, and for which a charge of $136.80 was made by the County of Los Angeles, with bill sent to a supposedly indigent citizen, surely warrants words and language stronger than the benign term, "ridiculous." How can this six months' delay in rectifying what, from the outset, was nothing less than a patent error, he explained? Would the letters of December 23, 1937, and December 28, 1937, have been written had there been no complaints?

* * *

(Letter from County Hospital Superintendent to County Director of Accounts)

"The Los Angeles County General Hospital
Los Angeles, California
December 27, 1937.

Director, Accounts, Budgets and Records:

Subject: 'Billing Patients for Surgical Operations.'

Will you please arrange at once to instruct those responsible for reporting the names of employees concerned with any surgical operation that to be included in the list of those employees to be charged the patient are those individuals only who are considered essential to the operation to be undertaken. This means specifically that individuals present in surgery for the purpose of instruction, even though they may be taking part in the work to be performed, are not to be charged against the patient UNLESS they are participating in a major way.

It is essential that we correct charges immediately, for I am convinced that the rates charged to patients for certain surgical operations are unreasonable and not justifiable.

I have written a letter to the County Auditor requesting his authority to charge the patients the average cost of given types of operations, but, even before any such authorization which may be undertaken, I am directing you on my own responsibility to follow the above instructions having to do with the elimination from the list of persons whose time is to be charged patients those who are not essential to the operation.

EVERETT J. GRAY,
Executive Superintendent.

cc: Supt. of Charities
Med. Dir., LACH
Med. Dir., LACGH."

EXHIBIT H

Presents:

A recent newspaper item of January 10, 1938, in which are given the total amounts received from former county hospital patients. Whoever gave this "publicity" to the press erred in using the words "medical care," when only room, board and nursing (hospitalization charges) could rightfully be included. The query arises as to the number of taxpayers who would be proud of sums so received by the County of Los Angeles from its indigent citizens if they knew the real story as outlined in skeleton form in these comments.

* * *

$343,489 COUNTY HOSPITAL FEES

Reimbursements made by former patients at the General Hospital during 1937 totaled $343,498, it was announced yesterday by Rex Thomson, County Superintendent of Charities.

A record high for one month was reached last month, when former patients paid in $33,561, the report disclosed.

State laws governing county hospitals provide that each patient treated at the hospital be sent a statement of the exact cost of the medical care administered. The patient is required to pay the hospital when financially able.

County hospitals cannot accept for medical care any person able to pay for such care at a private hospital, unless an emergency exists, according to the statute, Thomson said.—*Los Angeles Times*, January 10, 1938.

EXHIBIT I

Presents:

1. A somewhat pertinent item from a San Luis Obispo County newspaper of December 16, 1937, on an action taken by the attending staff of that county's public hospital.

2. A copy of the letter sent to the Board of Supervisors of San Luis Obispo County, stating why the attending staff took the action noted.

* * *

(Copy)

POLITICAL MANAGEMENT INTOLERABLE, IS CHARGE

All physicians, surgeons, and dentists in San Luis Obispo have withdrawn from any connection with the General Hospital, until changes in the administration are made by the board of supervisors.

The doctors and dentists, in a letter signed by every member of the county medical and the dental associations, and delivered to the county clerk on Thursday morning, resigned from the visiting staff of the hospital.

Complete lack of coöperation between the supervisors and the visiting staff was given as the reason for the resignation. The county board is charged with refusing to act on the suggestions and recommendations of the staff.

The staff is composed of all the doctors and dentists residing in the county, and the work of supervising and assisting in the hospital activities is rotated among them.

Give Reason

Discussing the reasons behind the resignation, the physicians said:

"We have a county hospital which represents an investment of approximately $350,000, and a fine institution. The county medical association organized a visiting staff and tried to operate it as a high-class institution. We have had a rotating staff, changing each three months and working with the county and resident physicians at the hospital, with the hospital doctors under our supervision. All this work has been given gratis by the doctors and dentists of the county.

"In six years of constant effort we have tried to get the hospital as approved and we secured this approval only a few months ago, putting the hospital on a par with the best in the country.

No Coöperation

"But we have been having increasing difficulty in getting coöperation from the board of supervisors, especially in the past few months. We have been trying to get the supervisors to let the doctors of the county assume complete control of the institution, including supervision, and the direction of the county and resident physicians.

"We also are asking for a separate welfare department for the hospital. We believe the people know that there are many patients admitted to the hospital who have no business there, no matter what their income or what might be their ability to pay for hospitalization or medical and treatment costs. This is unfair to the taxpayers who have to pay for the cost of taking care of these people.

"The board of supervisors has completely ignored this situation, and the doctors feel that the hospital has become a political football, with anyone securing an order from a supervisor entering the institution, without regard to the right or need of the patient, to have such free service.

"Twice in the past three months the supervisors, without asking the advice or opinion of the visiting staff, have appointed doctors who have not been admitted to the practice of medicine in California. It was necessary for the State Board of Health to send down representatives to tell the doctors to stop practicing or go to jail, which stopped their continued duties at the hospital.

Work Harmoniously

"Between the doctors of the county, the county and resident physicians and the nursing staff and employees of the hospital, there always has been close coöperation, and patients have been properly cared for.

"It is the unanimous opinion of the medical and dental societies of the county that they can no longer work with the hospital so long as the supervisors continue their present attitude.

"The situation has been growing worse for the past year and a half, and the doctors and dentists of the county want no part in the hospital as it now is being conducted by the board of supervisors."

It was explained that the request for a separate welfare department for hospital cases was needed so that investigation of the ability to pay of patients might be established, so that only really indigent cases, for which the hospital is operated, and the only type of patients admissible under a Supreme Court ruling, would become patients, while those who can pay should go to private hospitals.—*San Luis Obispo Press*, December 16, 1938.

* * *

TEXT OF DOCTORS' LETTER

(Copy)

San Luis Obispo, California
December 14, 1937

Board of Supervisors
County of San Luis Obispo
San Luis Obispo, California

Gentlemen:

Since the establishment of the San Luis Obispo County General Hospital the physicians and surgeons and dentists of the county have organized and maintained an active visiting staff at the hospital. Through their efforts and with the kind coöperation of the nursing staff, the professional standards of the institution have been raised to the point where indigent patients have been receiving professional and nursing care favorably comparable to that received in any public or private hospital. This fact is attested by the recent recognition given our hospital by the American College of Surgeons when they placed it on their approved list of hospitals. This means that the hospital has successfully met the high standards required by that organization throughout the country.

Several months ago we called your attention to the fact that certain methods of operation in connection with the San Luis Obispo County Hospitals were unsatisfactory. We suggested a possible remedy. Nothing has been done to correct the situation. We feel that under the present political management of the hospital, conditions are intolerable. Therefore, the visiting staff of the hospital, in regular meeting assembled, December 7, 1937, unanimously resigned from active service at the hospital, effective immediately.

We wish to remind you that since the establishment of the hospital we have given freely of our services without remuneration—and we might add without the slightest token of thanks or appreciation from your body. We wish also to remind you that throughout the history of the institution there has been a complete absence of friction between all members of the working staff of the hospital. We still stand ready to give our services to the County Hospital, provided that institution is operated for genuinely indigent patients and free from political influence. It is our feeling that this can be accomplished only by giving the visiting staff full control of the scientific operation of the hospital and by the establishment of a social service department at the hospital responsible to us, and to nobody else.

Yours very truly,
(Signed): E. D. ANDERSON,
Secretary, Visiting Staff, San Luis Obispo General Hospital.

* * *

[Comment.]—This concludes the series of exhibits, presented in connection with editorial comment, in this February issue of the OFFICIAL JOURNAL of the California Medical Association. What has been given above presumably only deals with the surface of the principles and facts involved. Every county medical society, through its committee on hospitals, and constituted authorities, should know what is going on in its own county hospital; and any procedures and methods seemingly at variance with the law of the State should be promptly reported to the central office of the Association. The members of the Los Angeles County Medical Association certainly should take an interest in the unusual innovations recently instituted in their own county hospital.

727 Roosevelt Building.

THE LURE OF MEDICAL HISTORY†

ROBERT ARMISTEAD McLEAN*

CALIFORNIA'S FIRST MASTER SURGEON

IV

By ROBERT T. LEGGE, M.D.
Berkeley

THE world was startled when, in 1849, gold was discovered in California; and many adventurous gold seekers rounded the Horn that year. Among these were Dr. Samuel Merryweather McLean and his wife, Ellen Grey Jeter McLean, both natives of Virginia. This pioneer physician was attracted to the Mother Lode Country, and was finally located in Stockton, where he built the first hospital and the second frame house. Doctor McLean was a busy worker in the hospital. As early as 1852 it was crowded with smallpox patients, victims of a raging epidemic then in progress. The Odd Fellows, of which the doctor was a member, have chronicled that he was one of the most sympathetic and generous of men. In the frame house on January 6, 1851, was born Robert Armistead McLean, the first white child of Stockton, destined to become California's first master surgeon.

DAYS OF YOUTH

Young Robert received his early education at the family fireside and at the little school of the small town. In 1860 his mother took him on a visit to her brother's plantation at Point Coopée, Mississippi. At the outbreak of the Civil War she was, fortunately, able to get through the lines by way of Nashville, and so to reach Bethlehem, Pennsylvania. There she remained with another brother, John Tinsley, until 1863, when she and her daughter, Mary, returned to California, leaving Robert at Doctor Schwartz's Bethlehem Academy. While at Bethlehem he taught a Sunday-school class at the Church of the Nativity. In 1866 he returned to the family home, then at Copperopolis, California. At the age of eighteen he became an apprentice in the study of medicine under his father.

In a letter to Uncle Jeter, dated from Tuolumne City, July 27, 1870, he relates that he was teaching in the district school, though apparently disliking it. His ambition was to go to the California University as soon as circumstances would permit. Discouraged because of the failure of crops and the meagerness of his father's practice, Robert was, nevertheless, hopeful that, by saving $50 of his $75 a month salary as teacher, he would be able to accumulate sufficient money to support himself for one year.

AN INTERESTING STORY

There is a story to the effect that the celebrated Dr. Hugh Huger Toland of San Francisco, founder, in 1866, of Toland Medical College which, in 1872, became the medical department of the University of California, had some difficulties with a fellow who menaced his life. Through the efforts of Dr. Samuel M. McLean, who befriended Doctor Toland and who succeeded in getting him out of these embarrassing difficulties, was developed a mutual friendship which made it possible for the elder McLean to request a great favor of Doctor Toland, namely, that he should become the preceptor of his son, Robert. He was thus accepted, and began to take lectures at the college.

TOLAND MEDICAL COLLEGE

Doctor Toland was professor of surgery and taught in the college he founded, which was described in an announcement of the time as "a massive brick and stone edifice, one of the most complete and stately medical colleges in the country." The college had a museum that contained an extensive collection of specimens and preparations, a dissecting room fitted with all the modern improvements, and a laboratory replete with all the chemicals and apparatus necessary for practical teaching.

MEDICAL STUDENT DAYS

It was here that the talented Robert A. McLean labored as a student in medicine. His early student days were those of a continuous struggle for existence: he acted as janitor and even slept in the college building; later he lived in the office of Doctor Toland, who occasionally gave him a few dollars for food. He said that he was often actually hungry. As a student he became keenly interested in the study of human anatomy, and mastered it. While at college he acted as preceptor and later as demonstrator of anatomy.

At the commencement exercises in 1874 he was graduated—the first native son to receive the degree of Doctor of Medicine.

TEACHER AND DEAN

It followed that the graduate became a member of the faculty as lecturer in anatomy and as secretary to the dean, Dr. R. Beverly Cole. During this period, he also continued his association with Doctor Toland, whom he assisted in his private practice and in his duties as professor of surgery at the county hospital. This afforded the young doctor the opportunity of his life to become a surgeon. In the meantime he was elevated to the position of professor of anatomy. Then he succeeded to the chair of clinical and operative surgery when Doctor Toland died in 1880. He held this professorship until his retirement. Doctor Toland, in his will, bequeathed "to the most competent man to succeed me, my office, furniture, instruments, library, and practice." The office, located at 603 Merchant Street, corner of Montgomery Street, was where Doctor McLean commanded the largest surgical practice in California until 1897 when, at the height of his activity, he was stricken with hemiplegia. From 1881 until

†A Twenty-Five Years Ago column, made up of excerpts from the official journal of the California Medical Association of twenty-five years ago, is printed in each issue of CALIFORNIA AND WESTERN MEDICINE. The column is one of the regular features of the Miscellany department, and its page number will be found on the front cover.

* One of the papers given in Toland Hall, University of California Medical School, San Francisco, in the series on the history of the institution, arranged by the Division of the History of Medicine.

This is Paper IV of the series. For other articles in the symposium, see CALIFORNIA AND WESTERN MEDICINE, November, 1937, page 321; December, page 405; January, page 27.

1899 he was also dean of the college, finally being succeeded by Dr. A. A. D'Ancona. What an abundant life was crowded into these eighteen successful years!

MCLEAN FAMILY

Doctor McLean's sister, Bessie, was married to one of his honor students, Dr. C. W. Evans of Modesto, of the class of 1881. They became the parents of Dr. Herbert McLean Evans, the distinguished scientist of our University of California. About this same time, in June, 1881, Miss Alice May Thompson, a native daughter from Benicia, became the wife of Dr. Robert A. McLean. She bore him three sons, Robert A. Jr., Tinsley, and Arthur T. McLean. A cherished ambition of Doctor McLean was to have one of his sons follow his footsteps in the study of medicine; the failure of one or the other of them to do so was a great disappointment to him.

MEDICAL CATALOGUE ANNOUNCEMENTS OF 1880

A review of some of the printed announcements of the time, concerning Doctor McLean's professorship in surgery in 1880, will give an idea of the high quality of practical and scientific instruction that he instituted for the medical students in the "Far West" of three score years ago:

"*Surgery.*—Instruction in this department will embrace: First, a regular course of lectures on the principles and practice of surgery; second, demonstrative surgery upon the cadaver; and third, a thoroughly clinical course, including diseases of the genito-urinary apparatus, at the City and County Hospital and College Building."

"*Didactic Teaching in Surgery.*—Professor McLean delivers three lectures each week on the art and science of surgery. The most recent views of the management of surgical conditions and the appliances devised for their relief are particularly dwelt upon, and illustrated with drawings and models, when necessary. This course will include a series of lectures upon operative surgery, with demonstrations on the cadaver. The student will be drilled in the manipulation of instruments used in the various operations."

"*Minor Surgery.*—Professor McLean conducts a course of minor surgery during the preliminary term. Instruction in this branch includes the application of bandages and various dressings used in treating wounds, fractures, dislocations, etc."

MASTER SURGEON

Some years ago, in a personal conversation, Dr. Emmet Rixford, then professor of surgery at Cooper College, speaking of Doctor McLean, remarked that he was truly California's master surgeon, an ethical man whose professional advice was sought by his colleagues. He had great native ability, acquired only through his own studious endeavors, never through observations or experience gained in the great hospitals and schools abroad. He was never able to take time off for any foreign travel. Dr. Emma Sutro Merritt, one of his students graduating with the class of 1881, San Francisco's first woman surgeon, who also received a medical degree from the University of Paris after five years of study in Europe, commenting on Doctor McLean, stated that he was a greater surgeon than any of the reputed surgeons she had seen abroad. "He lived," she said, "in the wrong part of the country; his place should have been in the world's largest metropolis."

ROBERT A. McLEAN, M.D.
1851–1914

AN IN MEMORIAM TRIBUTE

Dr. Rawlins Cadwallader of San Francisco published an article entitled, "In Memoriam," in the *Compend of Medicine and Surgery* for November, 1928. In this article he paid tribute to his old chief. I quote a paragraph which speaks of the period subsequent to his stroke:

McLean was of the old school of surgery. He had his training in pre-aseptic days and was one of the few such men who grasped the significance of, and consistently followed, asepsis. His operative dexterity was a marvel. I have seen Murphy, Bull, Senn, Halstead, Keen, Horsley, Kocher—the world's most celebrated operators—and I assert positively that none of them even approximated McLean as an operator. He was by all odds the most rapid and dexterous operative surgeon the world has ever seen. To see him work did not impress one with the fact that he was fast, but it was an exhibition of precision. Not a movement lost, not a motion but had its place. He never snapped but once for an artery, never hesitated over anatomy, never changed sides until half-done, and tied his knots almost faster than the eye could follow his hands.

He was an absolute master of anatomy, and once remarked that it was like letters to one who could read. When one was a surgeon, he did not need to think of his anatomy."

AUTHOR'S RECOLLECTIONS OF DOCTOR MCLEAN

To reminisce: My own student days as an upper classman were near the end of Doctor McLean's clinical teaching career at the old surgical amphitheater of the City and County Hospital in the years 1897-1898 and 1898-1899. In my memory, like a picture, still lingers the impression of the time when I was first introduced to operative surgery and to Doctor McLean—impressions of a tall, lanky, dark-complexioned man, with black hair and a close-trimmed beard. He reminded me of a great

genius of the Lincoln type and character as he stood in the arena, dressed in his immaculate street trousers and polished shoes, a short white coat over his vest, his long ungloved hands and fingers washed and treated with bichlorid, and calling out to the senior who was assigned to the chloroformed patient on the table, "Whose case is this?"

He expected a complete history, a diagnosis, method of surgical treatment, and a knowledge of applied anatomy. He would demand reasons for the students' diagnoses, present arguments, ask for proofs, challenge their validity, all with the purpose of clarifying and crystallizing the picture in their minds, training their interpretive and diagnostic judgment. These quizzes in differential clinical diagnosis and surgical anatomy were an experience in inspired teaching. As professor of clinical surgery, perfect anatomist, remarkable diagnostician, endowed with marvelous judgment and precision, this great genius possessed all the attributes of perfection in his field. Remember, too, that those were the days of antisepsis, before the advent of modern asepsis and the roentgen ray. Laboratory procedures were comparatively primitive and chloroform was the main anesthetic.

With a few master strokes of the scalpel, with unparalleled speed in a field that was practically bloodless, with a superb technique original in many of his operations, he exhibited the work of a great master. To witness a complete hip-joint amputation; the femoral artery severed and caught instantly with a forceps, stitched, dressed and completed in twenty-eight minutes, was an experience never to be forgotten. He regarded it as unpardonable if a drop of blood stained his coat or appeared above the knuckles. His surgical nurse at the County Hospital, Miss Kane, who could read his mind, and who knew always and instinctively what instrument or ligature was required—for when he thrust his right hand backward toward her table, the desired article was at hand—must be remembered with respect and admiration.

HOSPITAL ROUNDS

What a treat it was to make the rounds with him and to watch him examine a patient and notice his careful and watchful survey of the field where pathology was present. It seemed that the very ends of his fingers possessed eyes, so acute was the tactile sense and his ability to interpret what he felt and observed.

In the wards, where there were always many fracture cases, the present-day orthopedist would marvel at the dexterity of this great and skillful surgeon in diagnosing and reducing a fracture and achieving such astonishing results. In his male surgical ward, consisting of thirty-two beds, was a male nurse named O'Connor, who was trained by the chief as a dresser, and whose knowledge of traumatic surgery was unusual. It was really unbelievable to see this remarkable man reduce complicated fractures and dislocations. Doctor McLean seldom disturbed, after examining, O'Connor's "cases." Woe to the intern or poor senior student, however, who, upon being questioned as to the diagnosis of such a case, should reply that O'Connor had made the diagnosis!

I believe that it was during the time that the American Medical Association met in San Francisco that a surgical clinic was held to demonstrate a new operation for vaginal hysterectomy. Three cases were to be operated upon: one by a celebrated New York gynecologist, the second by the great Philadelphia surgeon, Dr. W. W. Keen, and the third by the apparently unknown Robert A. McLean. Doctor McLean surprised everyone present by performing the operation in half of the record time.

We students remember his dry humor during the clinic hours at the County Hospital. A usual remark to a patient who had some minor abscess that did not warrant a general anesthetic was, "What nationality are you?" If the answer were "Irish," Doctor McLean would play up the bravery of this race; the patient would respond, and before he had time to think the abscess would be incised.

He employed another ruse in respect to malingerers occupying "political" free beds who claimed, for instance, that they had sciatica or backache. After Doctor McLean had examined the patient, with pseudoseriousness he would turn to the intern and say, "Doctor, this poor man can be cured by singeing along the spine with a red-hot iron. Have it ready tomorrow morning." If the patient were a genuine malingerer, the bed would be empty at the appointed hour.

DOCTOR MCLEAN AS DEAN

In his position as dean of the college, Doctor McLean gave the impression of austere unemotionalism, which belied his true nature. Perhaps this was due to the great responsibilities he carried both in his private and in his public practice. But those really acquainted with him knew that he would do anything within his power for his poor patients, especially for the members of his beloved profession. Many practicing physicians owe their starts to Dean McLean. Many a promising young student, unable to continue his medical training because of financial inability, was aided by this kind man, who advanced the funds and charged them to his own private account. His whole interest was in higher medical education and in the welfare of medical students.

His duties as dean of the college, professor of clinical surgery, and his lucrative practice demanded much of his time and effort. Nevertheless, he never missed his classes or County Hospital clinics; he was punctual to the minute. Those were the horse-and-buggy days, when he kept two teams always in readiness to enable him to attend to his large practice and hospital work.

Doctor McLean's real respect for members of the regular profession was characteristic. He was punctiliously ethical in all his relationships, particularly in the education of medical students, and to his patients. Notwithstanding his busy professional life, he spent many hours in reading the classics and great books. He was familiar with the current medical literature, enjoyed the drama, and

was a patron of grand opera. It was his especial joy to read aloud to his wife and boys. His priceless collection of books was lost in the great fire of 1906.

MACLEAN CLAN

At his home on Pacific Heights he was fond of receiving his colleagues in the medical profession, distinguished visiting notables and faculty members from Berkeley. He enjoyed displaying the McLean plaid to visitors, and was proud of the fact that, while attending the Columbian Exposition at Chicago in 1893, he had met Sir Le Roy Donald Maclean, chief of his clan of the Isle of Mull.

Doctor McLean held memberships in the medical societies of California, but seldom, if ever, attended the meetings. In the line of social organizations he was affiliated with the Sons of the American Revolution, the University of California Club, and Family and Caledonian clubs of San Francisco. He was a man of deep religious convictions, by faith an Episcopalian. A student of the Bible, he was able to repeat whole chapters from memory. During the last years of his life, he attended St. Mark's Episcopal Church in Berkeley, where Bishop Parsons was rector.

EARLY MEDICAL JOURNALS OF CALIFORNIA

Among the early medical journals published in San Francisco was the *Western Lancet,* which appeared in 1872. This periodical, before its merger with the *Pacific Medical and Surgical Journal* in 1884, was practically the official organ of the Toland College faculty. Doctor Toland published therein many of his case reports and accounts of his surgical operations and procedures. Many of these Doctor McLean collected and edited. However, it was this editing that discouraged McLean as to the value of publishing papers; he wrote very few during his life. At Doctor Toland's demise, his brilliant associate succeeded him, to become the foremost surgical practitioner on the Coast. In spite of the many daring and original surgical operations that he performed, he left few published contributions for posterity.

In the *Western Lancet,* December, 1880, there appeared, under "Original Communications," a valedictory address by Doctor McLean, delivered on behalf of the faculty at the annual commencement, November 10, 1880. After the usual advice given to the young graduate—as to his relations to patients and to the profession—he admonished quacks and nostrums of the day. He exalted the regular profession and the health officers in checking a plague that was at that moment prevailing. Then he made a plea for a general State Hospital for all indigent sick—to be located in the commercial capital and largest city, San Francisco. Concluding his address was a eulogy paid to Professor Toland, whose perfect character he held up as a lofty model for the contemplation of the young doctor.

CONTRIBUTIONS TO THE LITERATURE

His special interests apparently were centered in malignancy and tuberculosis. Upon these subjects three papers were published:

"The necessity of Early Surgical Interference in Malignant Growths," *Journal of the American Medical Association,* 1894.

"Cancer of the Rectum," *Transactions of the Medical Society of California,* 1895.

"The Superiority of Amputation Over So-Called Conservative Methods of Treatment of Tubercular Disease, Injury and Malformation of the Lower Extremities, *Pacific Medical Journal,* 1895.

He also wrote a manuscript for the *Cyclopedia of American Surgeons* on Hugh H. Toland, a copy of which is now preserved in the Crummer Library of the University of California Medical School, the gift of Professor Howard Naffziger.

It is said that McLean devised an original operation for cleft palate, for which a special instrument was invented. His interest in young men's leading clean and industrious lives caused him to publish, in 1908, a small monograph, *Letters of Advice to a Young Man.*

RETIREMENT FROM CLINICAL TEACHING

In 1898 Doctor McLean found himself so broken in health that he finally gave up his clinical teaching at the County Hospital. He was succeeded by Dr. Charles Brigham of San Francisco and later by Dr. Thomas Huntington of Sacramento. He became emeritus professor of clinical surgery in 1903, an honor which he held until his death. On May 10, 1899, the secretary of the faculty wrote Doctor McLean:

"At the last regular meeting of the faculty, your resignation as dean of the department was with much regret accepted. It was resolved that the thanks of the Faculty be extended to you for your long and valuable services, with profound esteem and respect felt for you personally, and their appreciation of your efforts in building up the College."

HIS FAMILY LIFE

During the next twenty years of his life, his professional activities curtailed and his beloved teaching finished, Doctor McLean felt deserted and saddened. His loneliness was augmented by the loss of his wife, in 1897. He has written of her: "When Alice was alive she went to the market herself every morning; and brought home such articles as she could conveniently carry in a basket. She had a keen sense of humor, a rare quality in feminine nature, and the sweetest, most amiable disposition of any human being I ever knew. She would act out the drama that she had seen performed, for the benefit of me, when the pressure of a large practice had prevented my attendance at the theater." The sweetest romance of Doctor McLean's life is the charming and lovely story of his meeting with Alice, in 1880, when he was on a professional visit in the town of Benicia, California. This distinguished young San Francisco surgeon was dining in one of the restaurants of the town. At another table there was a young lady, a student in attendance at St. Mary's Hall. Doctor McLean was so attracted to the demure, quiet, small and lovely young woman of nineteen that he

pressed one of the attendants to arrange for an introduction. It was love at first sight; and a short while afterward "Sweet Alice" was to be Mrs. Robert A. McLean.

TOLAND MEDICAL CLUB

Responsive to the invitation of R. A. McLean, an interesting meeting of the University of California Club took place on November 20, 1914. Those present were E. D. Martineaut, '73; William H. Mays, '73; J. R. Davidson and R. A. McLean, '74. The purpose of this gathering was to organize a club, consisting of the earlier members of his college associates. Doctor Martineaut was elected president and Doctor McLean, secretary. The club was for social purposes only. In order to discourage all scientific discussion and to foster good fellowship and a spirit of fraternity, the chairman, always the oldest graduate, was to condemn anyone starting a like discussion to the execution of such penalties as singing a song or making a speech. This Toland Medical Club was to be modelled after the immortal "Pickwick Club" of Dickens. The minutes of this first meeting are to be presented to the Crummer Library archives.

RETIREMENT DAYS

During Doctor McLean's retirement period he took his first voyage to Europe. While visiting Glasgow he consulted the then famous surgeon, Sir William McEwen, who diagnosed his case as a gliomatous tumor and advised an operation, declined by McLean. (Doctor McLean's early retirement was due to unilateral ataxia, due to the old hemiplegia). His surviving sister, Mary Ellen McLean, during his absence supervised his home and cared for his three growing sons. This pioneer woman died at Berkeley on April 1, 1937, at the age of eighty-five.

SUBSEQUENT YEARS

After the earthquake in 1906 and until 1915, McLean occupied an office with one of his old colleagues, Dr. George H. Powers. At this office, at the corner of Ellis and Powell streets, he enjoyed quite a little practice among old friends and charity patients. His good friend and office nurse, Miss Ann Sullivan, assisted him in his work. She relates that the number of types of minor office surgery he performed was surprising.

In the last days of his retirement he resided at Cloyne Court, in Berkeley. On December 4, 1918, he succumbed at Alta Bates Hospital as a result of influenza and pneumonia. The funeral took place at the home of his nephew, Dr. Herbert McLean Evans. After an Episcopal service, he was laid to rest in the Iona Churchyard at Cypress Lawn Cemetery in San Mateo County. Two of his former students, Dr. Wallace Terry and the writer, acted as pall bearers. On his gravestone is the Crest of the Clan McLean with its motto, "Altera Merces." How beautiful and appropriate were the translated words, "Another Reward," as the curtain was finally drawn in the passing of the foremost pioneer master surgeon of California.

University of California Medical School.

THE PASSING OF PROFESSOR GEORGE H. F. NUTTALL

By Douglass W. Montgomery, M.D.
San Francisco

A SHORT notice in the daily papers has notified us of the demise of Dr. George Henry Falkiner Nuttall, professor of biology, Cambridge, England. Doctor Nuttall was a remarkable man in his own right, but he had a special interest for us in San Francisco, for he was of our city; and in 1886, when I came here, he was slated for the chair of pathology in the Toland Medical College, then loosely connected with the University of California. His notable work on the blood, however, secured for him such recognition that he was called to Cambridge.

Doctor Nuttall's father practiced medicine for many years in San Francisco, in association with Doctor Mackintosh, in offices on Post Street, just west of where now is the Mechanic's Library. Their chief work was obstetrics and, as Dr. David Cohn once told me, they delivered almost every woman in this city in their day, or rather night, and if anyone wishes to learn how dexterous Mackintosh was in handling the forceps, let him consult Dr. George F. Shiels. They say that Nuttall was equally expert. When Robert Kennedy Nuttall and Dr. Robert Mackintosh were in full practice, obstetrics was, as Cohn also informed me, very lucrative. Consequently Nuttall, who had married into the Parrott family, became quite comfortably situated.

Mackintosh was not so fortunate. He was incorrigibly careless in his financial habits, and by the time I came here his practice had dwindled, as practices have the habit of doing. He lived as a bachelor, and had a modest office far out on Mission Street. There was, however, no doubt of the grandeur of the man with his noble features and flowing white beard, sitting erect while driving his horse and buggy. "A man's a man for a' that," was written in his every lineament.

Because he was supposed to have Bright's disease, Nuttall retired from practice in 1865—a grave resolution. In that day albuminuria and a few hyalin casts portended early death, whereas albuminuria occurs to many a man in good health, and a few hyalin casts carry with them, as Osler once said, a guarantee of a long life. I had a brother-in-law who, in his youth, was condemned to a year in bed on the same evidence, and he lived to be past seventy.

Doctor Nuttall's father traveled about Europe for eight years. As Victor Hugo once said, there are two kinds of hell: one in which you are tormented, and one in which you are bored, and the latter is the worse. After walking through picture galleries, and conversing mostly in monosyllables with waiters and cab drivers, Nuttall returned to San Francisco and resumed connection with his old friend, Mackintosh. He terminated this life in 1881, sixteen years after the above-mentioned grave diagnosis, and then only through inadvertence, for he went fishing with his friend, Mackintosh.

As I understand it, it was the grandfather of our Dr. George H. F. Nuttall who was the Nuttall of Kew Gardens, after whom so many plants are designated as "Nuttallii." His sister was the late Azalea Nuttall, the well-known antiquarian, so learned in the history of Old Mexico.

With such a family history, that George H. F. Nuttall should have attained prominence in the development of modern medicine was, therefore, no accident.

450 Sutter Street.

CLINICAL NOTES AND CASE REPORTS

THE PROCTOVACUATOR

By CHELSEA EATON, M.D.
Oakland

THE successful proctoscopic examination, like the successful surgical procedure, depends upon good exposure. Many of the attempts to perform a satisfactory proctoscopic examination are frustrated by feces which block the advance of the instrument. Unfortunately, the "careful preparation" of the lower bowel by enemata is frequently inadequate, and the attempts to remove the detritus by suction tube and swabs are of little avail.

Obviously, the purpose of the proctoscopy is defeated by any method which is not concerned with obtaining a clean bowel as a preliminary to examination.

For example, the use of the 15-centimeter proctoscope, instead of the 25-centimeter instrument, provides increased facility of instrumentation and may partially obviate the necessity of obtaining a clean bowel. However, there is proportionate devaluation of the findings because of shorter tube employed. Again, the practice of passing the proctoscope, with obturator inserted, through masses of feces which confront the advancing tube can afford little satisfaction to the examiner because of fields which have not been visualized.

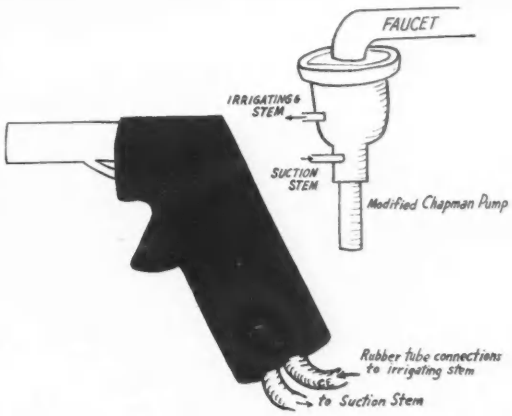


Fig. 3.—Showing tube connections of proctovacuator and pump.

The desideratum is a clean bowel. A suction apparatus is patently insufficient because of fecal blocking. A device that will provide alternate irrigation and suction through a single tube will not only keep the lumen free, but will provide a hydraulic stream which will disintegrate fecal masses and facilitate their removal by the suction apparatus.

The instrument described herein combines the factors of suction and irrigation in reciprocal relationship. Thus, while the trigger is at rest, a stream of water is sent through the barrel and the fecal masses are disintegrated. Conversely, when the trigger is pressed, the irrigating stream is interrupted and the bowel contents are evacuated. A rapid, alternating process of irrigation and evacuation enables the operator to obtain a clean field for inspection, and permits him to advance the proctoscope to its full extent. Barrels of various lengths may be interchanged according to the length of the proctoscope used. The instrument is readily cleaned by operating it while the barrel is inserted into a cleaning solution. A Chapman pump, which

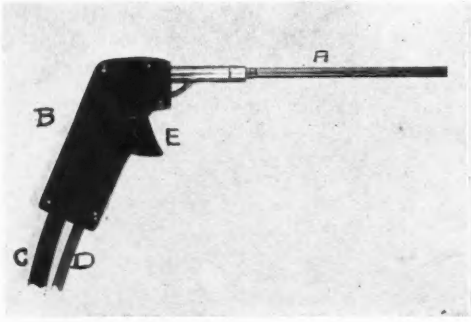


Fig. 1

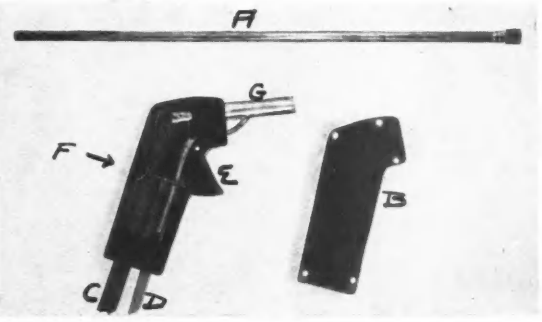


Fig. 2

Fig. 1.—Showing proctovacuator assembled. A, detachable barrel. B, bakelite pistol grip. C, suction tube. D, irrigation tube. E, trigger control.

Fig. 2.—Proctovacuator mechanism. The right half (B) of the bakelite pistol grip has been removed to illustrate the trigger mechanism (F). While trigger (E) is at rest as shown, the irrigating tube (D) is compressed by strips of tempered metal which surround it. In this position, also, the suction tube (C) is open. However, when the trigger is pressed the action is reversed in each tube because the strips surrounding the irrigation tube (D) are forced apart and the strips surrounding the suction tube (C) are forced together. (G) metal chamber which connects rubber tubes to barrel.

contains an outlet stem above the suction stem, is used as a combined source of suction and irrigation.

SUMMARY

Some common obstacles to the performance of proctoscopy have been pointed out, and an instrument described by which these may be overcome.

Medical Center Building.

SQUAMOUS EPITHELIAL BONE CYST OF THE TERMINAL PHALANX*

By WILLIAM W. REICH, M.D.
Berkeley

THIS report is prompted by the recent article by Bissell and Brunschwig.[1] These authors, after presenting a short review of the literature, add two new cases. They also call attention to the probable rôle of trauma in the genesis of the pathologic lesion.

REPORT OF CASE

A German female, aet. forty-three, complained of a tense, painful and tender spot near the tip of her right first finger. She stated that this "sore spot" had been noted for about six months, but that she had absolutely no recollection of having injured the finger in any way. About two weeks previously, a doctor had incised the tip of the finger and she stated that this eased the tension. Her past and family histories presented no relevant data. Examination revealed a very tense, slightly reddened, moderately tender finger. A small zone on the inner border appeared fluctuant. The base of the nail seemed slightly raised. X-ray examination, April 7, 1937, presented the rather striking findings shown in Figure 1. The radiologic diagnosis was chronic osteomyelitis; however, bone cyst, chondroma or other neoplastic process were suggested as possibilities. On April 18, 1937, under local anesthesia, the overlying soft tissues were incised and the underlying bone thoroughly curetted. A fairly well-defined, whitish, membranous shell measuring about 2 by 3 millimeters was scooped out in the process. A small wick was placed in the wound and moist dressings applied. The wound healed rapidly by first intention. No suppuration was encountered either at the time of operation or subsequently. X-rays, taken on May 25, 1937, are shown in Figure 2. It is apparent that very little filling in had taken place, except for the small deposit about the cyst edges. Histological examination of the small shred obtained at operation revealed the wall of a bone cyst lined by typical stratified squamous epithelium. Figures 3 and 4 show, respectively, low- and high-power magnifications.

Fig. 4.—Stratified squamous epithelium lining cyst as seen under high powers of the microscope.

In the article quoted above, a discussion of the theories of the origin of these interesting structures is presented. The trauma theory probably explains most cases; however, in some instances, as in the present case, no history of injury could be obtained. It appears that diagnosis must rest upon pathologic examination of curettings, since confusion with other lesions cannot be eliminated by gross examination or radiologic studies.

2236 Durant Avenue.

* I wish to thank Dr. R. D. Joldersma for the opportunity of seeing this patient.

1 Bissell, A. D., and Brunschwig, A.: Squamous Epithelial Bone Cysts of the Terminal Phalanx, J. A. M. A., 108:1702, 1937.

Fig. 1.—Bone cyst; radiogram before operation.

Fig. 2.—Bone cyst after operation; note beginning filling of cyst cavity.

Fig. 3.—Low power appearance of section of cyst wall.

BEDSIDE MEDICINE FOR BEDSIDE DOCTORS

An Open Forum for brief discussions of the workaday problems of the bedside doctor. Suggestions of subjects for discussions invited.

INSOMNIA

I. ETIOLOGY

LOVELL LANGSTROTH, M.D. (516 Sutter Street, San Francisco).—If one questions a patient with insomnia as to why he or she cannot sleep, the answer invariably will be, "Because I cannot stop thinking." And this seems to be the fact. These patients cannot sleep because they have a compulsion to thought. This state may be brought about in a perfectly normal person by some unusual event; a disappointment in love, the death of some member of his immediate family, business reversals, or physical disease. But these normal persons recover from their physical disease or adjust to the new conditions in a reasonable time, and soon sleep as well as before, while the persons under discussion present no physical disease, have nothing serious to worry about, and still are permanently unable to sleep satisfactorily. In them the disturbance of function is traceable to an inner, rather than to an outer cause, and must be treated along psychological lines if it is to be permanently overcome. For drug therapy is not only unsatisfactory to the patient himself, but finally fails to give him the rest he craves. Discussing the etiology of insomnia, then, really means discussing the etiology of this compulsion to thought; and what I shall attempt here is to sketch in briefest outline the psychological processes which force these persons against their will to awake nights and "think."

An analysis of this process shows that the conscious will of the patient to sleep is opposed by this compulsion to thought, or by an opposing will, so that we find here two opposing will forces. The greatest light has been thrown on these will forces by Otto Rank,[1] who speaks of them as the positive and negative will. But to understand what is meant by these terms it will be necessary to review briefly the development of the will as he has sketched it in the individual.

We must remember, in this connection, that the individual was once a part of the mother from whom he sprang, and that in infancy at least, he always yearns for her and resents separation from her.[2] This state of affairs forms the basis for the development of two elemental forces in the individual, one of which we may call positive and the other negative. At or about puberty these more primitive urges become partly differentiated into the positive and negative will, that is to say they become more conscious and subject to control. The average person, then, takes on the pattern he is to follow during the remainder of his life: he projects his opposing will onto some outer authority (parent, social will, government), and, now that he has delegated the job of restraining him to someone else, feels free to accept and express his positive will, and with it the racial sexual compulsion, or the positive primitive urge.

But there are certain strong-willed persons who differ fundamentally from the average in their inheritance and development. From birth on they have a stronger desire for union with the mother, and when separation from her is forced, resent it more: they hate the mother for causing them this pain. They also react in an exaggerated way to the pain of this separation, that is to say, instead of accepting it they deny the desire and its object altogether so as to save themselves pain. This is as much as to say: "I do not care, I did not want it anyway." The average person denies desire, too, but only until the intensity of the pain of separation has diminished, while these strong-willed persons continue the denial indefinitely. This does not change the true state of affairs, of course: the strong desire and hatred are still there below the surface. Later on these more primitive forces differentiate into will forces, but the denial is carried over into the realm of the will, prevents the individual from coming into positive affective relation with the object, *i. e.*, prevents his psychological growth, and so the will retains its primitive negative form. Any expression of this negative will is condemned by the parents as badness, and this parental attitude gives the individual another reason for denying his will, *i. e.*, for saying in effect: "I am not bad, I have no will at all." Since the will represents the person's individuality, and his happiness depends on his acceptance of his individuality, this denial becomes of great psychological significance. Thus we see that in certain strong-willed persons the will remains predominantly negative and is denied, that is, cannot reach consciousness. But the will continually strives to break down this barrier and appear in consciousness. Here, then, are two opposing forces, consciousness and the negative will, each striving to overcome the other. Of course, the situation is not quite as simple as this; the oversimplification is for the purpose of giving the general idea. I have used the word "predominantly" negative to signify that the will was not completely negative. In many of these strong-willed persons the aberration is too slight to make a major disturbance in their life. But their feeling tone is poor and they do not really enjoy life. Their will tends to oppose their own normal functions (life), as it opposes everything in the outer world, not enough perhaps to make life impossible, but enough to make it unhappy.

[1] Rank, Otto: Wahrheit und Wirklichkeit. Leipzig und Wien: Franz Deuticke, 1929.

[2] Rank, Otto: Grundzüge einer Genetischen Psychologie. Leipzig und Wien: Franz Deuticke, 1927.

In others the aberration is sufficient to cause a psychoneurosis. Some psychoneurotics, the hysterical type, succeed in keeping all knowledge of the real state of affairs out of consciousness, but transform their suffering into physical symptoms. Others, the compulsion neurotic type, allow the will to reach consciousness as thought.

Let us now return to our discussion of the patient with insomnia. We see that his desire to sleep is an expression of his positive will to live, and his compulsion to thought an expression of his negative will. Since this compulsion to thought preponderates, we must infer that this person's will is predominantly negative and that, whether he admits it or not, he is a borderline psychoneurotic, or actually a psychoneurotic.

This is not the place to discuss the psychological treatment of these individuals. Suffice it to say that proper understanding of the strong-willed person, and of the principles laid down by Rank for therapy of the neuroses, makes it possible to permanently cure the larger part of these patients.

* * *

II. PATHOLOGY

THOMAS G. INMAN, M.D. (2000 Van Ness Avenue, San Francisco).—Any discussion of the pathology of insomnia must include those conditions responsible for the inability to secure normal sleep, since it is extremely doubtful if insomnia exists as a separate clinical entity. Inactive states are common to all living things, animal or vegetable, simple or complex, and serve to allow, after the expenditure of stored-up energy, a return to a state of stable equilibrium. Sleep, as we know it, in complex organisms, is a provision of nature devised to produce a more or less inactive state of the whole body in order that wasted tissues may repair themselves. The accompanying phenomenon, which we know as unconsciousness exhibited by higher forms, is due to the same inactive state of the upper nerve cell groups, chiefly, in man, the cerebral cortex.

The existence of a sleep center within the brain has been the subject of much discussion, especially since the encephalitis epidemic of 1917-1920. The concentration of the effects of the virus of this disease in the neighborhood of the midbrain and basal ganglia, with the almost constant somnolence, suggested the possibility that there might be located in this region some group of cells which controlled the sleep mechanism. It would seem to be in keeping with nature's efforts in the conservation of energy that some such control should develop in complex organisms in order that all structural units might be brought under control at the same time. However, it cannot be stated positively that such a center actually exists.

Pathological Anatomy. — Disease processes within the cranium may cause insomnia, but usually only in the beginning stages. In tuberculous meningitis, sleeplessness or restless and troubled sleep may be the first noticable symptom. On such a basis sometimes rest the "night terrors" of children. Septic meningitis and lethargic encephalitis frequently cause a few sleepless nights at the beginning of the illness. Cortical parenchymatous syphilis, cortical atrophy due to arteriosclerosis and decortication from any cause notoriously disturb the sleep cycle.

Tumors developing within the cortical sensory projection centers may, by stimulation, arouse the respective images common to that region and make sleep impossible. With the increase in intracranial pressure, however, or when tumors or inflammatory disease invades the region of the third ventricle, somnolence is the rule.

Pathological Physiology.—Increase in the rate of blood flow through the brain, brought about by various causes such as hyperthyroidism or an increase in the activity of other glands of internal secretion, may be the cause of obstinate sleeplessness. Some of these hormones act upon the cortical cells directly lowering the threshold of irritability.

There is a class of individuals who, in the absence of any special disease, are poor sleepers. They usually possess a more or less unstable vasomotor system to which may be added a volatile emotional nature. With them may be grouped the so-called visceroptotic type. The long body, small, central heart, low-lying abdominal viscera and poorly developed musculature lend themselves to a poorly sustained systolic pressure when standing. On assuming the horizontal position the blood is more evenly distributed, and the cerebral circulation takes on the character belonging to the waking period. Thus, tired and sleepy before retiring, once they are in bed they become wide awake and, like Achilles, bemoaning the death of Patroclus, lie first on one side, then on the other, now on the back, now on the face. Only when circulatory readjustment takes place do they fall asleep.

Pathological Psychology.—Under this heading most of our patients whose chief complaint is the inability to secure sufficient sleep may be placed. There are two main groups, the neuropathic and the psychopathic. In the former, mental conflicts cause psychovisceral reactions which, activating circulatory and glandular modalities, stimulate cortical cellular interplay within the sensory centers. Thus, phantasy formation, anxiety, real and imaginary fears and feelings of resentment prevent that relaxation without which sleep is impossible.

The various psychoses are frequently marked by obstinate sleeplessness, but the associated mental state soon makes itself known. There is one group, however, in which the underlying cause is not so readily apparent. It comprises those mild, sometimes recurrent, depressive states in which insomnia is frequently the only complaint. Observation will detect the gloomy aspect, and questioning elicit the fact that the mood is sad and pessimistic; that they are emotionally depressed, have no appetite and are unable to obtain any pleasurable feeling from the pursuit of those occupations and hobbies which they formerly enjoyed. These symptoms, which mark the underlying psychosis, are often overlooked because of the reiterated statements of the patient that he would be all

right if he could only sleep. Aside from pointing the way to suitable treatment, early recognition of the true state of affairs is necessary, for any sudden deepening of the psychosis may usher in that most important symptom—the impulse to suicide.

It cannot be stated positively that loss of sleep *per se* leads to any pathological alteration in the tissues of the human body. Chromotolysis has been observed within important cellular groups in the central nervous system in animal experiments. The findings, however, may not depend wholly upon a disturbance of the sleep mechanism, but upon associated phenomena.

* * *

III. TREATMENT

H. Douglas Eaton, M.D. (1136 West Sixth Street, Los Angeles).—Sleep, nature's preventive for excessive fatigue, is an involuntary habit. Insomnia is a disturbance of the sleep habit, and may occur in varying degrees in a multitude of diseases or simply as a result of bad sleep habits. Insomnia is a symptom, not a disease; and its adequate treatment is dependent on ascertaining the cause for its existence with elimination of this underlying condition. When the fundamental cause cannot be removed, or while it is being corrected, symptomatic treatment of the insomnia is often of great benefit to the patient. In a certain percentage of cases, relief of insomnia may be the determining factor in the patient's recovery.

In organic disorders, when the lack of sleep is directly due to severe and continuous pain, analgesics may be combined with hypnotics to give the patients the periods of relief from pain and the mental oblivion so essential to their recovery. The milder, less depressing, drugs should be tried at first. The combination of salicylic acid with moderate doses of some of the barbiturates is often sufficient. In more severe cases the opium derivatives, alone or combined with hypnotics, are justifiable. Codein or morphin combined with a barbiturate suffices in a large percentage of cases. Hyocin and morphin, in the familiar HMC combination, is a still more potent preparation. The intramuscular route of administration is most efficient when quick results are desired. Intravenous medication is, in the writer's experience, neither desirable nor necessary. Physiotherapy, especially hydrotherapy, may be considered, but is usually impractical in this group of cases. Its detailed discussion will be reserved until later.

Toxic causes are prime offenders in the production of insomnia. Coffee in excess, or even very moderate amounts of coffee in susceptible individuals, is a well-recognized sleep disturber. Alcohol or the excessive use of tobacco; tea, dietary indiscretions, the lack or overabundance of physical exercise, may cause insomnia. Some drugs, of which a notable example is benzedrin sulphate, easily upset the sleep habit. Insomnia is a frequent symptom in infectious diseases, acute or chronic. Obviously, the successful treatment of insomnia so produced depends on elimination of its toxic cause. While this is being accomplished, symptomatic treatment of the insomnia is often indicated. In this group of cases hydrotherapy holds a definite therapeutic place. The warm bath, starting the first night at 98 degrees and reducing a degree nightly to 90 degrees, is often very satisfactory. As the bath exerts its sedative and hypnotic effect through redistribution of the blood supply, it is essential that the patient be transferred from the bath to a warmed bed, and not allowed to become chilled in transit if good results are to be obtained. If a tub bath is not practicable, the bed pack may be given. Here, when the mattress is protected by rubber sheeting, the patient is wrapped in a sheet, wrung out in tap water, then in two layers of blankets. With the use of the tub or pack, cold compresses or an ice-bag to the head, may be used. Either tub or pack may be continued under supervision from thirty minutes to an hour or longer, depending on the patient's reaction.

Aside from hydrotherapy, the use of the milder hypnotics may be necessary. Many patients will sleep with the aid of bromid alone. The accumulative effect of this drug, as well as the marked individual variations in susceptibility to it, must always be borne in mind. Of the older drugs, chloral hydrate is of value. Paraldehyd is a relatively safe hypnotic and of special value in insomnia due to alcoholism. Its use is limited by its disagreeable taste and odor. There are at the present time a large number of barbiturate preparations on the market which, when used in moderation and under medical supervision, are satisfactory hypnotics for short periods. The possibility of a barbiturate habit must be guarded against. The scope of this discussion does not permit a detailed résumé of these preparations.

In the psychoses, insomnia is often an intractable and serious symptom. In this group, hydrotherapy is an extremely valuable therapeutic procedure. As most of these cases are under treatment, where the continuous bath is available, this should be first choice. The continuous bath is best given at body temperature, and it should never be given at more than one or two degrees above this. It should always be given under constant expert supervision, and any form of mechanical heat control of the water should be checked frequently by other means. The bed pack, given as previously described, is also of great value. Either continuous bath or pack may be continued for hours in suitable cases under strict observation. In severe excitements, hydrotherapy must often be combined with the use of sedatives and hypnotics. Here the barbiturate group alone, or combined with regular daily bromid administration, is of great value. Chloral alone, or combined with a barbiturate, is often satisfactory. Paraldehyd is especially valuable in the alcoholic psychoses. Finally, recourse may be had to hyoscin alone or combined with morphin in HMC's. The mode of administration depends on the patient's accessibility. Mouth and rectal administration may be tried. Recourse to the nasal tube or intramuscular injection is frequently necessary. Intravenous introduction need not be considered.

Insomnia is such a common symptom in functional nervous disorders that one rarely sees a

psychoneurotic who has not suffered from some degree of sleep disturbance at some time during illness. Here psychic causes are in the ascendancy, and successful therapy is dependent upon their elimination. Nervous insomnia is not simply a disturbance in sleeping, but a mental state colored colored by fear and anxiety in regard to not sleeping. Therapy should be primarily reëducational in type. Rationalization of the situation, combined with the correction of faulty habits of living, and especially of rest and relaxation, often suffices without medicinal aid. Hydrotherapy, especially the moderately warm bath previously described, is of definite value. Massage, preferably given shortly before bedtime, is helpful in a definite percentage of cases. The milder hypnotics are permissible only as an aid to psychotherapy and must be rigidly supervised and controlled. The habit of dependence on drugs is exceedingly easy for the psychoneurotic to acquire and frequently results in more harm than the sleep disturbance.

Principles in Procedures in Treating Syphilis:

1. Treatment of early syphilis should be continuous.

2. Spinal fluid examinations should be made routinely at the end of the first year of treatment and as indicated at any time.

3. Complete physical examinations with special attention to the cardiovascular and nervous systems, and including suitable laboratory tests, should be routinely made at least at the beginning of treatment.

4. Patients having suspicious lesions which are found to be darkfield negative, should be followed up by a series of serological tests at suitable intervals, and no local or constitutional treatment should be administered until the diagnosis has been established.

5. Minimum treatment required:

(*a*) To render patient noninfectious, twenty standard doses of an arsphenamin and twenty doses of bismuth administered by the continuous method of treatment.

(*b*) To "cure" the patient: One year of treatment after the patient has become and remained clinically and serologically negative (including spinal fluid).

6. All patients having syphilis should be examined for gonorrhea. All patients having gonorrhea should be examined for syphilis.

7. Epidemiological service by trained personnel should be adequately provided to supplement the efforts of the doctors in:

(*a*) Seeking to trace the sources of infection.

(*b*) Bringing in the contracts of patients for examination.

(*c*) Holding patients long enough under continuous and adequate treatment.

(*d*) Thorough personal instruction of patients to assure coöperation.

Management of Syphilis in Pregnancy and Congenital Syphilis

1. Every pregnant woman should have a medical examination as early as possible in pregnancy, this examination to include adequate history, clinical and serological examinations fo rsyphilis.

2. Every pregnant woman should have at least one complement-fixation test and one precipitation test for syphilis, and these tests should be reported when negative or doubtful, if there is any reason in the history or clinical findings to suspect syphilis.

3. Treatment of syphilis as a complication of pregnancy should start as soon as a diagnosis is made, should continue through pregnancy to delivery. Treatment should begin and end with the arsenical; if pushed for time, use combined treatment—bismuth with the arsenical.

4. A syphilitic woman should be treated in every pregnancy regardless of previous treatment, and regardless of negative serological findings. Even a few doses of arsphenamin late in pregnancy are better than no treatment at all.

5. Treatment should be continued after delivery for the benefit of the mother.

6. Every child of a syphilitic woman, and the woman's husband, should be examined for syphilis and treated, if indicated.

7. The child born of a syphilitic woman should not be treated "on suspicion," but only after a definite diagnosis has been made, and treatment should be started as soon as a diagnosis is made. The earlier a congenital syphilitic child is treated for syphilis the better, and the treatment must be prolonged.

8. The new-born child of a syphilitic woman, even though the mother has been treated, should be followed with frequent serological, clinical and x-ray examinations. This periodical supervision should extend, if possible, until the seventh year.

9. The stigmata of congenital syphilis should be kept in mind by all who examine children. When a suspicious defect is seen, a careful study, including blood, x-ray examination, and spinal fluid serology, should be made.

10. Even late congenital syphilis benefits by treatment in the vast majority of cases.

"The conception is sometimes held that when the signs of meningeal irritation are demonstrable, one can conclude that the patient is suffering from a meningococcus infection. Such deductions are often incorrectly drawn. Merely on the basis of probabilities, one would be more apt to be correct in diagnosing tuberculous meningitis than any other type of meningitis in a given case, since this is the most common cause of meningeal irritation, except in epidemics of meningococcus infections.

"Meningeal irritations may be caused by (*a*) bacteria of any kind, no matter how rare, but most often by staphylococci, streptococci, meningococci, tuberculosis or influenza bacilli, and mixed organisms, including the colon bacilli; (*b*) toxins produced by such organisms as B. tetanus, influenza, probably pneumococcus and B. tuberculosis; (*c*) viruses causing encephalitis, poliomyelitis, aseptic meningitis, idiopathic encephalitis, postvaccinal encephalitis, encephalitis associated with measles, chickenpox encephalitis and others of similar type; (*d*) occasionally, as the result of mechanical condition such as blocks and vessel thromboses, inflammation of adjacent cranial bones, subdural and spontaneous subarachnoid hemorrhages, more rarely as the result of edema, tumor, etc.; (*e*) occasionally, as a result of changes in the brain associated with lead poisoning, etc."—*Ohio Health News.*

Mechanism of Emotion.—Papez attempts to point out various anatomic structures and correlated physiologic symptoms which, taken as a whole, deal with the various phases of emotional dynamics, consciousness and related functions. It is proposed that the hypothalamus, the anterior thalamic nuclei, the gyrus cinguli, the hippocampus and their interconnections constitute a harmonious mechanism which may elaborate the functions of central emotion as well as participate in emotional expression. It is an attempt to allocate specific organic units to a larger organization dealing with a complex regulatory process. The evidence presented is mostly concordant and suggestive of such a mechanism as a unit within the larger architectural mosaic of the brain. The structures described here are usually represented as dealing with some phase of the olfactory function. There is no clinical or other evidence to support this view. Emotion is such an important function that its mechanism, whatever it is, should be placed on a structural basis. The organization presented here meets adequately the physiologic requirements proposed by Cannon and Bard with respect to the theory of emotion based on diencephalic-cortical processes. It is also in agreement with the observations of Dandy that the seat of consciousness is located somewhere near the midline, between the limits set by the corpus callosum and the basal structures of the brain.—*Archives of Neurology and Psychiatry.*

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION

HOWARD MORROW.....President
WILLIAM W. ROBLEE.....President-Elect
LOWELL S. GOIN.....Speaker
MORTON R. GIBBONS.....Council Chairman
FREDERICK C. WARNSHUIS.....Secretary-Treasurer

OFFICIAL BUSINESS

1. *Council Minutes, Two Hundred Fifty-ninth Meeting, January 15, 1938.*

COUNCIL MINUTES

Minutes of the Two Hundred and Fifty-Ninth Meeting of the Council of the California Medical Association*

Held in the auditorium of the Los Angeles County Medical Association Building, 1925 Wilshire Boulevard, Los Angeles, Saturday, January 15, 1938, at 9 a. m.

1. **Call to Order.**—The meeting was called to order by the chairman, Morton R. Gibbons, with the following members present: President Howard Morrow, President-Elect William W. Roblee, Past President Edward M. Pallette, Speaker Lowell S. Goin, Chairman of the Council Morton R. Gibbons, Chairman of the Auditing Committee Karl L. Schaupp; Councilors Calvert L. Emmons, Carl R. Howson, Louis A. Packard, Axcel E. Anderson, Alfred L. Phillips, O. D. Hamlin, F. N. Scatena, Henry S. Rogers, Harry H. Wilson, C. O. Tanner, W. H. Kiger, J. B. Harris; Chairman of Public Relations Committee Charles A. Dukes, Secretary F. C. Warnshuis, Editor George H. Kress, General Counsel Hartley F. Peart and his associate, Mr. Howard Hassard. Present by invitation at the afternoon session: George G. Reinle, William Molony, Dewey Barnard, A. A. Morrison, and C. A. Smolt.

2. **Charters.**—It was moved by Henry Rogers, seconded by Alfred Phillips, that the Secretary be authorized to issue duplicate charters to those county societies who do not hold original charters in their possession; such charters to be labeled "duplicate" and to be dated as of the date of the organization of the county society if available, or as of the date of reorganization of the California Medical Association, 1902. Carried.

3. **Membership.**—The relation of members who have been granted special types of membership in county societies, *i. e.*, associate, retired, honorary, to the California Medical Association and the American Medical Association and the advisability of providing for a type of membership which would permit these members to retain their state and national affiliation was discussed.

It was moved by Alfred Phillips, seconded by William Kiger, that a committee of three be appointed by the Chairman to investigate the matter of membership and report with recommendations to the Executive Committee. Carried.

The Chairman appointed Doctors Goin, Howson, and Scatena as members of the committee.

4. **Delegates.**—The Secretary submitted a report on the delegates and alternates regularly elected to represent the California Medical Association at the American Medical Association meeting in San Francisco.

5. **Postgraduate Conferences.**—It was moved by Howard Morrow, seconded by Edward Pallette, that the chairman of the Committee on Postgraduate Instruction be allowed the necessary expense entailed by attendance at the Chicago Conference on Postgraduate Instruction, in the event of his attendance. Carried.

6. **Advertising.**—In accordance with action of the Executive Committee, the Secretary reported that he had conferred with the Los Angeles County Medical Association's executive secretary and it was agreed that he should ask the authority of the Council to make a combination rate for advertising in the JOURNAL and the Los Angeles County Medical Association Bulletin.

It was moved by Howard Morrow, seconded by Karl Schaupp, that a plan of a combination rate for advertising in the JOURNAL and the Los Angeles Bulletin under the conditions outlined by the Secretary be approved. Carried.

7. **Medical Licensure.**—In view of the pending meeting of the Council on Medical Education and Hospitals of the American Medical Association, the discussion of medical licensure was referred to the next meeting of the Council, when more information would be available.

8. **Reporting Service.**—It was moved by Charles Dukes, seconded by Junius Harris, that the services of Yates Reporting Service be secured for reporting the five meetings of the Pasadena session, in accordance with their proposal of December 30, 1937. Carried.

9. **Minutes.**—On motion of Alfred Phillips, seconded by Edward Pallette, the minutes of the two hundred and fifty-third meeting of the Executive Committee were approved.

On motion of Alfred Phillips, seconded by Edward Pallette, the minutes of the two hundred and fifty-seventh and two hundred and fifty-eighth meetings of the Council were approved.

10. **Insurance.**—It was moved by George Kress, seconded by Charles Dukes, that a committee, consisting of the Chairman of the Council, the Secretary, and the General Counsel, be instructed to investigate the status of a certain insurance company operating in California and report to the Executive Committee, which shall have the power to act. Carried.

11. **Financial Report.**—The Secretary presented, for the information of the Council, the annual report of the finances of the Association as compiled by Ernst & Ernst, certified public accountants. This will be published in the Pre-Convention Bulletin.

12. **Legal Counsel.**—It was moved by Edward Pallette, seconded by Karl L. Schaupp, that the Legal Counsel be authorized to render an opinion upon certain matters pertaining to medical education. Carried.

13. **Councilor Expense.**—It was moved by Charles Dukes, seconded by Howard Morrow, that the expense incurred by Lowell Goin, referee at the hearing of the San Diego County Society, be approved for payment by the California Medical Association. Carried.

14. **Cancer Studies.**—In accordance with the suggestion of the Cancer Commission, on motion of Charles Dukes, seconded by George Kress, the Council approved the donation of one copy of the Cancer Studies to all members of the graduating classes of the four medical schools in California and to the house staff members in the San Francisco, Alameda, and Los Angeles County Hospitals. Carried.

15. **Lay Speakers.**—It was moved by Charles Dukes, seconded by Axcel Anderson, that in lay talks on cancer by speakers of the Association, the educational campaign as carried on by the Women's Field Army in coöperation with the American Society for the Control of Cancer, be called to the attention of audiences. Carried.

* The minutes of the two hundred and fifty-eighth meeting of the Council of the California Medical Association were printed in the November, 1937, issue of CALIFORNIA AND WESTERN MEDICINE, page 336. Minutes in this series now printed are for the two hundred and fifty-ninth meeting.

16. **Department of Public Health.**—The attention of the Council was called to the work of the Department of Public Health as outlined in a report by Director of Public Health Walter M. Dickie, and on motion of George Kress, seconded by Howard Morrow, the report was ordered published. Carried.

17. **Legal Department.** — The General Counsel submitted progress reports on the case of the *People* vs. *Pacific Health Association,* stating that further arguments would be heard in June, and a case in Santa Clara County.

18. **Loans to County Societies.**—The Secretary read the following report of the Special Committee on Loans to County Societies:

Your Committee recommends that the loan be not granted for the following reasons:

1. It would be setting a precedent that might lead the Association into future difficulties. Our monetary assets are only sufficient for a reserve to be used as needed for special purposes. Examples are the recent medical-economic survey, the Basic Science Initiative, and the possibility that the malpractice insurance situation may become so unsatisfactory that the Association may find it necessary to organize a mutual company for the protection of its members. The reserve funds of the Association are now invested in securities bearing a moderate rate of interest that can be readily turned into cash if it is needed.

2. If a loan is granted to one county unit, similar requests from other county units would probably be received. Adequate security, ease of conversion, and other factors essential in a loan placed on a business basis would be difficult to obtain.

Respectfully submitted,

LOWELL S. GOIN, M.D. (Signed)
CHARLES A. DUKES, M.D. (Signed)
W. W. ROBLEE, M.D. (Signed)

On motion of William Roblee, seconded by Howard Morrow, the report was approved and the recommendations contained therein were declared to be the policy of the Association in regard to loans to county societies. Carried.

19. **Medical Licensure.**—Full discussion was had of the practice of certain county hospitals in allowing unlicensed individuals to serve as residents and in some cases accept patients outside of the hospitals.

It was moved by Harry Wilson, seconded by Charles Dukes, that the Secretary be instructed to write to Charles B. Pinkham, Secretary of the Board of Medical Examiners, and William R. Molony, President of the Board, and call their attention to the facts that have been presented to the Council wherein practitioners that are unlicensed are practicing in county hospitals.

A vote was taken on the motion. Ayes, 11; Noes, 4. Motion carried.

20. **County Hospitals.**—Henry Rogers presented the resolution of the Board of Supervisors for the government of the Sonoma County Hospital. Full discussion was had of the general question of county hospital government and the desirability of a nonpolitical institutions commission.

It was moved by Louis Packard, seconded by Axcel Anderson, that the Chairman appoint a committee to assemble facts concerning this county hospital situation, especially in regard to an Initiative regulating government of county hospitals, said committee to report to the Executive Committee at its meeting in February. Carried. (Committee—Doctors Packard, Anderson, and Emmons.)

21. **Orange County Hospital.**—It was moved by Junius B. Harris, seconded by Chester Tanner, that the resolution of the Orange County Society relating to sex crimes be referred to the California Crime Commission. Carried.

22. **Recess.**—At this point a recess of the Council was called for luncheon, to reconvene at 2 p. m.

23. **Call to Order.**—The meeting was called to order after the recess by Chairman Gibbons.

24. **Basic Science Act.**—George H. Kress, General Chairman of the Committee on the Basic Science Act, submitted a report for his committee together with tentative drafts of several basic science acts and legal points involved as set forth by the General Counsel.

It was moved by Charles Dukes, seconded by William Roblee, that the report be received and that the Association postpone the sponsoring of the Basic Science Initiative until the 1940 General Election, and that the committee be instructed to continue its studies.

A vote was taken on the motion. Ayes, 14; Noes, 4. Doctors Pallette, Kiger, Goin, and Wilson voted in the negative. Motion carried.

25. **Birth of a Baby.**—After viewing a portion of the picture "Birth of a Baby," and taking cognizance of the present sponsors of the film, on motion of Karl Schaupp, seconded by O. D. Hamlin, it was moved that the film be approved for presentation to lay audiences.

A vote was taken on the motion. Ayes, 11; Noes, 5. Motion carried.

26. **Medical Service.**—Doctor Smolt of Ventura presented plans being offered for medical service in Ventura County and stated that the county society also wished to offer a plan.

It was moved by Harry Wilson, seconded by Charles Dukes, that the Ventura County Medical Society plan for medical service be submitted to the Committee on Public Relations, which will hear representatives of the Ventura Society and report to the Executive Committee. Carried.

27. **Budget.**—The budget for Association income and expense for the year 1938-1939 was submitted by the Chairman of the Auditing Committee and on motion of Karl L. Schaupp, seconded by Lowell Goin, was approved for submission to the House of Delegates. Carried.

28. **Committee on Arrangements.**—It was moved by O. D. Hamlin, seconded by Karl Schaupp, that the nominees for the local Committee on Arrangements as submitted by the Los Angeles County Medical Association, be approved. Carried.

29. **Annual Session.**—The Secretary reported that the Committee on Scientific Work recommended that a general public meeting be held on Tuesday evening during the annual session at Pasadena and that the coöperation of the Los Angeles County Medical Association was being secured.

It was moved by Lowell Goin, seconded by Henry Rogers, that the following nonmembers of the Association be invited to participate in the annual session program in accordance with the request of section officers: Nina Simmonds, Ph.D., Mr. Cheney, chemist; Mr. Leonard, and Mr. Warner, radiological technician.

It was moved by Edward Pallette, seconded by O. D. Hamlin, that the Secretary be instructed to investigate the matter of purchase of new stereopticon lanterns and screens for use by scientific sections and report to the Executive Committee. Carried.

On motion of William Roblee, seconded by Howard Morrow, the invitation to Frank Hartman, M. D., of St. Louis, to be one of the guest speakers of the Association at Pasadena, was approved.

30. **Memberships.**—After presentation of requests from county societies and submission of full membership data, on motion of Edward Pallette, seconded by O. D. Hamlin, and carried, the following members were granted retired membership in the California Medical Association: Thomas Orbison, Los Angeles; Ernest W. Fleming, Los Angeles; Frank S. Dillingham, Los Angeles; E. L. Bennett, Fresno; Francis P. Elliott, San Diego; Ernest B. Porter, San Diego; Alfred Baker Spalding, San Francisco; and Caroline B. Palmer, San Francisco.

31. **Associated Hospital Service of Southern California.** — The Secretary reported that the plan of the Associated Hospital Service of Southern California had received the approval of the Los Angeles County Society and the Committee on Public Relations.

After discussion, it was moved by Edward Pallette, seconded by William Kiger, that the plan of organization of the Associated Hospital Service of Southern California be approved. Carried.

32. **Vote of Appreciation.**—A standing vote of thanks was tendered Dr. George H. Kress for the work he had done in connection with the publication of the "Report on Factual Data" of the California Medical-Economic Survey.

33. **Trustees Of The California Medical Association.** It was moved by Karl Schaupp, seconded by Edward Pallette, that the California Medical Association repay the $31,000 loan to the Trustees Of The California Medical Association. Carried.

34. **Malpractice Insurance.**—George G. Reinle, Chairman of the Committee on Medical Defense, outlined the changed status of medical defense which has developed during the past few years and through the decision of the

American Bar Association on corporate practice of law. The amendments to the by-laws and defense rules of the Medical Society of the State of California were brought to the attention of the Council. After briefly referring to the various types of liability insurance, Doctor Reinle requested Mr. Peart to present the question to the Council. Mr. Peart then read an extended report on malpractice insurance and made certain recommendations as to policy.

It was moved by George Kress, seconded by William Roblee, that the Committee on Medical Defense, in cooperation with the General Counsel, prepare basic policies for medical defense with such other recommendations as in their judgment are deemed advisable and present the report to the Executive Committee for transmission to the Council. Carried.

35. **Death of Emmet Rixford.**—It was moved by Charles Dukes, seconded by William Roblee, that a committee be appointed by the Chairman to draw up suitable resolutions on the death of Emmet Rixford and that the resolutions be spread on the minutes of this Association. Carried. (Committee—Doctors Hamlin, Toland, Dukes.)

36. **Woman's Auxiliary.**—It was moved by George Kress, seconded by Chester Tanner, that the Editor be authorized, when suitable material is presented, to publish a supplement to the JOURNAL for the Woman's Auxiliary of the California Medical Association. Carried.

37. **Disciplinary Procedure.**—After discussion, Lowell S. Goin was appointed to bring in amendments to the present by-laws covering disciplinary procedure.

38. **Intercoast Hospitalization Insurance Association.** On motion duly made, seconded and carried, the minutes of the two hundred and fifty-third meeting of the Executive Committee were reconsidered.

On motion duly made, seconded and carried, the action of the Executive Committee in regard to the Intercoast Hospitalization Insurance Association was ordered deleted from the minutes of the committee.

It was moved by Fred Scatena, seconded by Lowell Goin, that the present form of policy of the Intercoast Hospitalization Insurance Association be approved by the California Medical Association. Carried.

39. **Executive Minutes.**—On motion duly made, seconded and carried, the minutes of the two hundred and fifty-third meeting of the Executive Committee were approved as amended.

40. **Adjournment.**—There being no further business, the meeting adjourned at 4:45 p. m.

MORTON R. GIBBONS, *Chairman.*
F. C. WARNSHUIS, *Secretary.*

THIS MONTH'S TOPICS*

ASSOCIATION ACTIVITIES

1. *American Medical Association Local Committee on Arrangements for San Francisco Session, June 13–17, 1938.*
2. *Association Nights.*
3. *The Medical Society of the State of California.*
4. *Passing Comments.*

DEPARTMENT OF PUBLIC RELATIONS

1. *The Social Aspects of Heart Disease.*
2. *San Mateo County Medical Society.*
3. *Important.*
4. *Porter versus King County Medical Society.*

ASSOCIATION ACTIVITIES

AMERICAN MEDICAL ASSOCIATION LOCAL COMMITTEE ON ARRANGEMENTS FOR SAN FRANCISCO SESSION JUNE 13–17, 1938

The Board of Trustees of the American Medical Association has appointed Dr. Howard Morrow of San Francisco as General Chairman of the Local Committee on Arrangements for the annual American Medical Association session that is to convene in San Francisco the week of June 13, 1938.

Doctor Morrow, under authority conferred, was empowered to appoint the necessary local committees. Attached is a list of Doctor Morrow's appointments.

Executive Board—Howard Morrow, chairman; Alanson Weeks, treasurer; Junius B. Harris, Sacramento; George A. Reinle, Oakland; J. C. Geiger; L. R. Chandler; F. C. Warnshuis, secretary.

Finance—Alanson Weeks (chairman), Langley Porter, W. P. Shepard, Charles A. Dukes, Chauncey D. Leake.

Hotel and Housing—F. C. Warnshuis.

Publicity—J. C. Geiger (chairman), E. M. Pallette, Karl S. Schaupp.

Entertainment—W. D. Horner (chairman), W. W. Washburn, Garnett Cheney, Everett Carlson, Stacy Mettler, Edwin Bruck, Philip Arnot.

Alumni and Fraternity Banquets—Rea Ashley (chairman), John Cline, William Donald of Berkeley, Joseph Crawford.

Women's Entertainment Committee—Mesdames George Becker, Chauncey Leake, Edward Morrissey, Lewis Morrison, Jesse Carr, Howard Fleming.

Opening General Session—William J. Kerr (chairman), LeRoy Briggs, Arthur H. Bloomfield, Morton Gibbons, H. C. Moffitt.

President's Reception and Ball—H. C. Shepardson (chairman), Hans Barkan, D. K. Pischel, Fred Reichert, Edmund Butler, George Rhodes, Philip Arnot, Robertson Ward, W. D. Horner, Howard Fleming, Wilbur F. Swett, Francis Smyth, Stacy Mettler, Edwin Bruck.

Printing and Badges—F. C. Warnshuis.

Women Physicians—Alice Maxwell (chairman), Dorothy W. Atkinson, Mary Mathes, Lois Brock Watson, Huldah Thelander, Alice Bepler.

Golf Committee—James Morgan (chairman), George McClure, Ernest Chipman, George Gray, W. G. Moore, Joseph McCool.

Hospitals and Clinics—W. E. Carter (chairman), C. A. Walker, Howard Johnson.

Transportation, Taxis, and Tours—Laurence R. Taussig (chairman), Carl Hoag, Harold Fletcher, George Becker.

Opening General Meeting Clergyman—Reverend Dutton, Unitarian.

Registrations and Information—S. P. Lucia (chairman), Richard Friedlander, Edgar Munter, L. H. Garland, N. N. Epstein, G. Dan Delprat.

Woman's Auxiliary.—Mrs. J. C. Geiger (chairman), Mrs. John Humber, Mrs. Hobart Rogers of Oakland.

Invited Guests Entertainment—Clarence Toland (chairman), George H. Kress, E. M. Pallette, Junius B. Harris, W. W. Roblee, John H. Graves.

Sections and Section Work—

(a) *Medicine*—Thomas Lennon (chairman), H. G. MacLean of Oakland, De Witt K. Burnham, Kenneth D. Gardner, Clayton Mote.

(b) *Surgery—General and Abdominal*—A. R. Kilgore (chairman), Edmund Butler, Robertson Ward, G. D. Delprat, H. Brody Stephens, Henry H. Searles, W. W. Washburn.

(c) *Obstetrics*—P. H. Arnot (chairman), A. M. Vollmer, C. A. De Puy, Karl Schaupp, T. Henshaw Kelly.

(d) *Ophthalmology*—Otto Barkan (chairman), F. C. Cordes, A. E. Edgerton, Wilbur Swett.

(e) *Laryngology, Otology, Rhinology*—R. C. Martin (chairman), Rea Ashley, Lewis Morrison, George McClure.

(f) *Pediatrics*—E. B. Shaw (chairman), George D. Lyman, Francis Scott Smyth.

(g) *Pharmacology and Therapeutics*—Chauncey D. Leake (chairman), P. J. Hanzlik, Maurice Tainter.

(h) *Pathology and Physiology*—A. M. Moody (chairman), J. L. Carr, J. F. Rinehart, William Dock, P. Michael of Oakland.

(i) *Nervous and Mental Diseases*—Edward W. Twitchell (chairman), George Johnson, P. A. Gliebe.

(j) *Dermatology and Syphilology*—John M. Graves (chairman), C. J. Lunsford, F. G. Novy.

(k) *Preventive and Industrial Medicine and Public Health*—J. C. Geiger, Walter Dickie, Robert Legge.

(l) *Urology*—Clark M. Johnson (chairman), Sidney Olsen, Lloyd R. Reynolds.

(m) *Orthopedic Surgery*—H. H. Hitchcock (chairman), F. C. Bost, W. J. Cox, John Loutzenheiser.

(n) *Gastro-Enterology and Proctology*—Fred Kruse (chairman), Dudley Smith, Montague Woolf, Walter Boardman, M. F. Cunha, Edward Hanlon, J. W. Morgan.

(o) *Radiology*—H. E. Ruggles (chairman), R. R. Newell, I. S. Ingber, Carl Benson Bowen, Lloyd Bryan.

(p) *Technical Exhibits*—T. L. Althausen (chairman).

(q) *Scientific Exhibits*—Stanley Mentzer (chairman), Howard B. Dixon, C. Latimer Callander, Willard Kay, Ernest Gehrels.

*All articles listed under the caption, "This Month's Topics," have been written and sent to the Editor by the Association Secretary, Dr. Frederick C. Warnshuis.

ASSOCIATION NIGHTS

On January 4 President-Elect Roblee, Councilor Emmons, and the State Secretary attended a joint dinner meeting of the members of the San Bernardino-Riverside County Societies in San Bernardino. A splendid large and representative attendance of the members of these two fine, active societies was recorded. Commendable unity exists and wholesome influence is exerted in these two counties.

On the 5th, Speaker Goin joined these officers for a meeting of the members of Orange County in Santa Ana. Here, too, a fine turnout of members participated in the program. Orange County also reflects an alert, achieving membership.

On the 6th the party journeyed to El Centro, where that evening the members of the Imperial County Society turned out in goodly numbers for a dinner meeting. This is a 100 per cent county society and, while distant from larger metropolitan centers, these members are keenly alert and reflect commendable activity.

On the 7th the circuit ride was extended to San Diego, where at a dinner meeting that evening a large, gratifying number of the members in San Diego County were present.

At all of these "Association nights" the visiting officers present and discuss problems and questions that concern our Association, its members, and the public. Policies are outlined and relations are clarified. Each session is terminated by conducting a round-table of questions and answers.

These Association nights afford an opportunity for members to gain a clearer insight of our Association affairs and functionings, thereby making for better understanding. A better grasp is obtained upon questions that are vital to individual and organizational welfare. They are conducive to greater unity of purpose and support. The visiting officers also become informed upon local conditions and needs, which information is made available to our administrative bodies and committees.

The first councilor district is well organized, active, and composed of a splendid group of medical men.

MEDICAL SOCIETY OF THE STATE OF CALIFORNIA*

The Medical Society of the State of California is an *independent* organization composed of *members* of the California Medical Association.

Purpose

The purpose of the Society is to indemnify or reimburse its members for expenses incurred for the legal services of a *personal* or *private* attorney whenever a member is threatened or sued for alleged malpractice.

Membership Qualifications

A member in good standing in his county medical society may become a member of this *Society* by complying with the following conditions:

(*a*) Filing membership application with the Society's secretary.

(*b*) Holding a policy with an insurer authorized by law to issue physician's defense and indemnity policies and with coverage of at least $5,000.

(*c*) Payment of annual dues of $10.

Why You Should Be a Member

1. Membership means that you have the privilege of indemnification for the cost of your *personal* attorney in any claim or suit for malpractice brought against you.

2. In the event of a dispute with your insurance company (which in the past has not been an uncommon experience) your *personal* attorney will protect your interests and cause your insurance company to fulfill the terms of your policy.

3. Although your liability insurance policy provides you with the services of an attorney, that attorney, under the ethics and principles of his profession, *must represent your insurance carrier first* and hence his defense of you is directed to the fulfillment of his client's conception of its contract with you, and it is the company's interests which he must at all times protect.

4. A *personal* attorney provides for you a personalized supervision of and participation in, all legal problems and trial conduct, thus assuring full protection of your *personal* and professional interests.

5. This Society reimburses you or indemnifies you for expenses for the services of an attorney who will coöperate with your insurance company's attorney, thereby providing you with competent *personal* legal counsel.

6. Insurance companies operating in this field welcome the assistance your personal attorney can give them.

How to Join

1. Write to the Secretary, Medical Society of the State of California, Room 2004, 450 Sutter Street, San Francisco, California, for membership application blank.

2. Complete the application blank and send it to the Secretary with your check for $10 for your annual dues.

3. If your application is approved, a membership card will be sent to you.

You will then have adequate and necessary legal protection.

JOIN NOW

* * *

Board of Trustees

Morton R. Gibbons, San Francisco; George G. Reinle, Oakland; O. D. Hamlin, Oakland, Chairman; J. B. Harris, Sacramento, Vice-Chairman; Edward M. Pallette, Los Angeles; George H. Kress, Los Angeles; T. Henshaw Kelly, San Francisco.

Executive Committee

O. D. Hamlin, Chairman; F. C. Warnshuis, Secretary; J. B. Harris, Vice-Chairman; M. R. Gibbons.

* For the information of new members, the former name of the California Medical Association was "Medical Society of the State of California." With the consent of the Council, the organization here commented upon was permitted to use the former name of the State Association.—Ed.

PASSING COMMENTS

"The Editor's Easy Chair." Such is the heading of a section of some journals wherein editorial comment is recorded. Such a chair should be placed in the Smithsonian Institute for its rarity value. Many years of travel and inquiry have failed to produce such a piece of furniture for inspection, let alone use. The "Editor's Chair" is never an easy one, for if that officer is alert to his responsibilities and duties, it well-nigh becomes a seat of torture.

* * *

Are you joining with your fellow members in obtaining the personal benefits from the postgraduate conferences in your district? This opportunity should not be neglected.

* * *

Four months and then our annual session will convene in Pasadena. Decide to attend and write today for your hotel reservation to the manager of the Hotel Huntington.

* * *

The Society for the Protection of Medical Research is approved by our Association. Its purpose is to direct scientific research and to defeat the quests of those who seek to prevent animal experimentation by legislation.

* * *

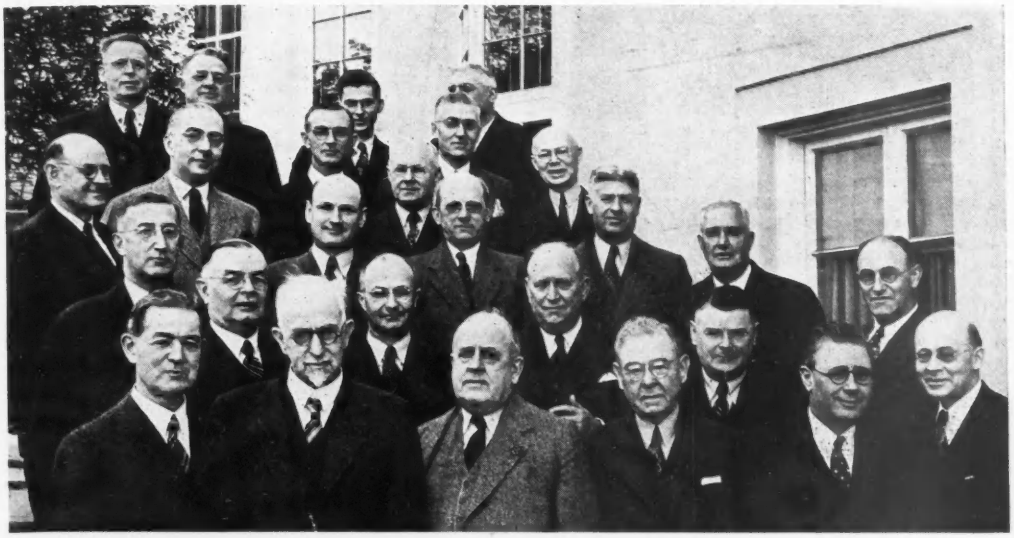
The scientific program for our annual session in Pasadena May 9–12, has been completed and was approved at a meeting of all section officers in Santa Barbara on January 9. This program should prove to be of interest and value, and cause the Pasadena meeting to be most profitable to all who attend. The program will be announced in all details in the April issue.

* * *

Be sure to read the item on the Medical Society of the State of California published in this department. You do well to become affiliated.

* * *

The headquarters office of the Association belongs to all the members to which they can apply for information and assistance. It has no magic forces that can immediately solve all the problems of a member. However, material assistance is at your disposal whenever you feel the need of assistance. Be free to command it. Your inquiries are welcomed and will be accorded prompt answers.



COUNCIL, CALIFORNIA MEDICAL ASSOCIATION*

Front row (below): Morton R. Gibbons, San Francisco; William W. Roblee, Riverside; Howard Morrow, San Francisco; Oliver D. Hamlin, Oakland; Henry S. Rogers, Petaluma; Calvert L. Emmons, Ontario. *Second row:* Edward M. Pallette, Los Angeles; C. O. Tanner, San Diego; William H. Kiger, Los Angeles; Louis A. Packard, Bakersfield; Karl L. Schaupp, San Francisco. *Third row:* Frederick C. Warnshuis, San Francisco; Harry H. Wilson, Los Angeles; George H. Kress, Los Angeles; William R. Molony, Los Angeles; Clarence G. Toland, Los Angeles. *Fourth row:* Axcel E. Anderson, Fresno; Lowell S. Goin, Los Angeles; Alfred L. Phillips, Santa Cruz; George Reinle, Oakland; Carl R. Howson, Los Angeles; Charles A. Dukes, Oakland. *Fifth row (top):* Junius B. Harris, Sacramento; Hartley F. Peart, San Francisco; Mr. Hap. Hassard, San Francisco; Frederick N. Scatena, Sacramento.

When approached by agents to agree to render services at reduced fees, it is suggested that you pause and reflect before signing. In this connection read the resolution adopted by the San Mateo County Society and published in the Department of Public Relations in this issue.

Should you have signed such an agreement—shall we say inadvertently—you do well to cancel it at once. Never agree to be an underpaid, cut-rate employee of any corporation or company.

* * *

Applications for booth space for scientific exhibits at the Pasadena annual session will be reviewed and approved by the committee on February 23. Members desiring to present exhibits are requested to file their application with the State Secretary, accompanied by a brief description.

* * *

When engaging laboratory services, be sure that your consultant is a licensed physician specializing in radiology, pathology or bacteriology. "Licensed Physician," and not a "technician," for should you be involved in any action, your licensed physician becomes a competent expert, whereas the technician is extremely limited in his qualifications. You cannot afford to take the risk of referring patients to technicians for laboratory examinations.

* * *

Hospital insurance protection is now widely obtainable in California from organizations of approved standing. Urge your friends and employed groups to secure this protection. Hospital insurance at low premium rates will enable them to hurdle unpredictable hospital expenses. These policies are obtainable from three representative insurance organizations that confine their business to the writing of hospital insurance.

* Photograph was taken at the Council meeting held in Los Angeles on January 15, 1938, members standing on the steps of the west front of the Los Angeles County Medical Association Building. In addition to the councilors, others in the photograph are Doctors William R. Molony, Sr., George Reinle and Clarence Toland, and General Counsel Peart and Mr. H. Hassard.

The Council has deemed it inexpedient to attempt the passage of a Basic Science Law at the general election this November. This will be discussed at length in a future issue.

* * *

The following is taken from the January 15 issue of the *Journal of the American Medical Association.*

Don't Gamble with Gamble

Recently several physicians have paid $15 each for a listing of their names in an insurance medical directory; apparently they understood that they would be selected as medical examiners for certain insurance companies. This proposition was presented by one Mr. C. H. Gamble, representing the National Claims Statistical Bureau with offices in New York City and Atlanta, Georgia. In the event that one does not like the name of this organization, Mr. Gamble also represents the INsurOR INternationAL Association and the INsurOR Statistical Bureau, with offices reported to be in Washington, D. C., Chicago, Memphis, Oakland, California, and Dallas, Texas. Letters mailed to several of these addresses were returned marked "Name not in city directory." Inquiries sent to the Better Business Bureaus in these cities also failed to locate any such organizations. Although Mr. Gamble uses a number of addresses in a great many cities, evidently his office is "under his hat." Physicians throughout the length and breadth of the United States have been visited by Mr. Gamble. From South Carolina to California, from Illinois to Louisiana, from Florida, Texas and Arizona, have come complaints by physicians that the $15 paid out resulted in absolutely nothing—not even a press proof of their names. Apparently, Mr. Gamble has been too busy traveling to work up the rest of his business. Twice during 1937 THE JOURNAL published articles on insurance medical directories,1 pointing out the inadvisability of paying a fee for a listing in such directories. A resolution approved by the Judicial Council and adopted by the House of Delegates has condemned the listing of physicians in directories published by commercial concerns as unethical solicitation of patients. Officials of insurance companies have indicated clearly that commercial insurance medical directories are not used in the selection or appointment of physicians as examiners. Maybe some doctors have to pay for experiences of this kind, but reading THE JOURNAL is cheaper—and you get scientific articles also!

1 Medical Directories, J. A. M. A., 108:25B (Jan. 23), 1937; Why Pay a Fee? *Ibid.*, 109:23B (Sept. 4), 1937.

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

The Social Aspects of Heart Disease

In the past six months 275,000 United States citizens have succumbed to heart disease.

In order to live comfortably and happily with your heart it is necessary to know what it can do, and how you can keep it in a healthy condition. Also, to be on good terms with it you should know something of its language so you will know when it is time to give it a rest. The heart takes up its burden many months before birth and continues its rhythmic contractions for many years, more or less, depending upon how well it is treated.

The heart beats 60 to 80 times a minute, 100,000 times a day, 3,000,000 times per month, 36,500,000 times a year. During a life span of sixty years the average contracts 2,000,000,000 times, and the only rest it gets is between contractions; the faster it beats, the less time it has to rest and restore energy.

In general, it rests about nine hours out of the twenty-four. Perhaps we should take that as a clue to follow in providing rest for the whole body. Every twenty-four hours the heart performs work equivalent to lifting a one-ton elevator to the height of eight stories. If the capillaries in the body were laid end to end they would extend four times around the earth and would fall only a few thousand miles short of reaching half the distance to the moon.

Yet, through this amazingly complex and elastic system of pipe-lines the heart pumps blood continuously against a pressure sufficient to raise a column of mercury to the height of 120 millimeters. The heart forces approximately five quarts of the body's blood through this system about once a minute, but it has a capacity to speed up and is able to pump up to sixteen quarts a minute during violent physical exertion.

A drop of blood can make its round trip through the circulatory system in twenty-two seconds. Each hour the heart swishes a barrel of blood through the body, seven and a half tons of blood a day. This appalling unceasing assignment of the human heart to work from long before birth to the instant of death is performed uncomplainingly and few of us are aware of its burden until we run upstairs too fast or until our physician wags his stethoscope at a mitral murmur.

San Mateo County Medical Society: Credit Bureau

If you fail to read this letter do not come to us in a few weeks with the remark, "I didn't know anything about it."

At the last meeting of the county medical society, a Medical Credit Bureau was established to operate through the office of the secretary. The object of this Credit Bureau is to obtain the names of chronic "dead-beats" who change from doctor to doctor, month in and month out, with the sole purpose of avoiding payment to anyone for the medical services variously rendered. A letter will be sent to you each month containing a list of names and addresses of such credit risks so that you may protect yourself and conduct business with these individuals either on a strictly cash basis or not at all. In order to make this possible, I am requesting each member of the Society to have their secretaries go through their files and make a notation of those patients, past or present, who are known "dead-beats." The success of this Credit Bureau depends entirely upon your coöperation. It can be of real service to you if you wish to make it so.

† The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. Charles A. Dukes of Oakland is the chairman, and Dr. F. C. Warnshuis is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Dr. F. C. Warnshuis, Room 2004, Four Fifty Sutter Street, San Francisco.

The following motion was passed at the December, 1937, meeting:

"That the San Mateo County Medical Society be placed on record as unalterably opposed to fee splitting or reduction of fees or rebating of fees to the Industrial Accident Insurance Company, that a copy of this resolution be mailed to all members of the San Mateo County Medical Society and the National Automobile Insurance Company, and that any member accepting work from any insurance company entailing reductions of fees, splitting of fees or rebating of fees, be referred to the Committee on Ethics and Professional Conduct for such disciplinary action as the committee sees fit."

The necessity for this action grew out of the fact that certain members of this society and other societies have been approached by the National Automobile Insurance Company and asked to do work on a fee schedule less than the standard industrial fee schedule. In return a certain guarantee was supposed to be given. Please take note of the fact that any physician entering into such a contract with this or any other company is subject to disciplinary action (censure, suspension or expulsion from the Society).

Very sincerely yours,

(Signed): J. GARWOOD BRIDGMAN, M.D.

Secretary.

Important

The antivivisectionist group is now waging a campaign to obtain the passage of an Initiative known as the "Dog Pound Initiative" at the November general election.

Should this Initiative pass, animal experimentation would be prohibited in this State and scientific research terminated.

Fortunately, there are those possessed of informed intelligence who recognize the value and need of scientific research through the means of controlled humane animal experimentation. They recognize the value of animal's contributions for the safeguarding of human lives and the prevention and treatment of disease.

This informed group opposes the campaign of the antivivisectionists. To make opposition effective for the defeat of this Initiative, they have organized the Society for the Protection of Medical Research. This society is endorsed by the California Medical Association, and its representations merit the support of everyone.

San Francisco, December 14, 1937.

Porter versus King County Medical Society Court Decision (58 Pac. (2nd) 367)

To the Secretary:—In reply to your inquiry of December 9, in regard to the above case, the essential facts are as follows:

It is a Washington case cited by the Supreme Court of that state. The decision was to the effect that the King County Medical Society acted within its powers in adopting a by-law calling for the expulsion of any member engaging in contract practice. The Washington court said that the constitution and by-laws of a medical society constitute a contract between the members of the society enforceable in the courts, if not immoral or contrary to public policy or the law of the land. All physicians who were members of the King County Medical Society were required to obey the by-laws of the society or subject themselves to the penalty of expulsion. The court stated that it was not material how selfish or unselfish the objects of the medical society may be. Whether the by-law relating to contract practice was just or reasonable or wise, was a question of policy which concerned only the medical society and its members.

The foregoing case is discussed in the *Journal of the American Medical Association* for April 3, 1937, at page 1211.

111 Sutter Street.

Very truly yours,

HARTLEY F. PEART.

COMPONENT COUNTY MEDICAL SOCIETIES

RIVERSIDE AND SAN BERNARDINO COUNTIES

A joint meeting of the Riverside and San Bernardino County Medical Societies was held at the California Hotel in San Bernardino on Tuesday, January 4. Dinner was served at 7 p. m.

The meeting was called to order by President Delbert B. Williams at eight o'clock. About seventy-five members and guests were present.

The applications for membership of Dr. Mildren Van Cleve of Redlands and Dr. Lowell L. Emmons of San Bernardino were favorably voted upon.

The speakers were then introduced in the following order: Calvert L. Emmons, District Councilor; W. W. Roblee, President-Elect of the California Medical Association; Frederick C. Warnshuis, Secretary-Treasurer of the California Medical Association.

Each speaker brought an important message to the societies.

Following a round-table discussion the meeting adjourned at ten o'clock. ARTHUR E. VARDEN, *Secretary.*

❀

SACRAMENTO COUNTY

The following officers have been elected to serve the Sacramento Society for Medical Improvement for the year 1938: Dave Dozier, president; W. J. Van Den Berg, vice-president; G. E. Millar, secretary. Board of Directors, Dave Dozier, W. J. Van Den Berg, M. Azevedo, Frank Lee, H. Schluter, Max Isoard, H. M. Kanner, Cordes Ankele, and E. S. Babcock. Delegates, F. MacDonald, Raymond Wallerius, and H. M. Kanner. Alternates, W. Pollock, Paul Guttman, and Ralph Teall.

The following committees were appointed:

Public Relations—W. J. Van Den Berg (chairman), Paul Christman, J. T. Vance, Hugh Carmichael, and J. Mullen.

Banquet Committee—E. S. Babcock (chairman), Wayne Pollock, and H. Saverien.

Program—Cordes Ankele, D. Saeltzer, and L. Ruddy.

Legislative Committee—F. N. Scatena (chairman), Max Isoard, and R. Soutar. G. E. MILLAR, *Secretary.*

❀

SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society was held in the Medico-Dental clubrooms, Stockton, on January 6, President John Blinn presiding. After the reading of the minutes Doctor Blinn installed the new officers for the year 1938 and turned the gavel over to the president-elect, Dr. A. C. Boehmer.

The petition of Doctor Schwing of Standard was acted on favorably and Doctor Schwing was declared a member. Petitions for affiliation to the San Joaquin County Medical Society were received from Doctors Julius Schreiber and Charles Martin, and these were referred to the Admissions Committee for investigation.

A letter from Doctor Anderson, Councilor for this district, was read and Doctor Van Meter made a motion, seconded by Dr. Dewey Powell, that the San Joaquin County Medical Society go on record as not at this time favoring the use of California Medical Association funds for attempting to secure signatures and pass the Basic Science Law, but that all the energies of the California Medical Association be directed against initiative measures which are threatened to be placed on the ballot against organized medicine. This motion was carried.

Dr. Dewey Powell read the following eulogy to the memory of Doctor Rixford of San Francisco.

"Last week-end the daily press brought us the sad news of the death of a great man, an outstanding member of the medical profession. Dr. Emmet Rixford of San Francisco had passed away in Peter Brent Brigham Hospital in the city of Boston. To all of us this news brought a keen sense of the great loss suffered by the medical profession, and to many of us it brought a keener sense of a personal loss of a revered teacher and a valued friend.

"Few men have been endowed with the great capacity and tremendous physique of Doctor Rixford. His seventy-three years were full of a great service rendered to the profession and to his fellow citizens. A remarkable surgeon, gifted with a sound sense of balance and good judgment together with unusual technical skill, he took great satisfaction in sharing his knowledge and tremendous experience with his many students, whom he loved to teach. He never ceased being a student himself, and his interest in and sponsorship of the Lane Medical Library is one of the most important reasons for the outstanding position of that library today.

"On numerous occasions throughout the years, Doctor Rixford has been the guest of this San Joaquin Medical Society, and the occasion of those visits stand out as important landmarks in our scientific programs. It seems, therefore, Mr. President, in view of the facts just recited, as well as the most important fact of all, that we are honored in having as one of our fellow members Doctor Rixford's son, Dr. Henry Rixford, that we should on this occasion pay a sincere and humble tribute to the memory of this great surgeon and teacher who has passed to his eternal reward.

"I would, therefore, move, Mr. President, that the secretary of this society convey to our fellow member, Dr. Henry Rixford, our sincere sympathy in the passing of his father, and that when this meeting adjourns that we do so by standing in silence, facing the west, for one minute in honor of our departed friend."

This motion was seconded by Doctor McGurk, and the motion was carried.

Dr. C. A. Broaddus announced that the final meeting of the Postgraduate Committee would be held on January 17 and that a dinner would be held at the Yosemite Club at 7 p. m.; and that there would be a clinic at the Medico-Dental Building, beginning at 5 p. m. on that same day. Dr. C. V. Thompson made a motion that the supper meetings be continued for the year 1938, these meetings to be on the same day and to precede the regular meetings. This motion was seconded by Doctor Blinn, and the motion was carried.

The paper of the evening was presented by Doctor Emge, professor of obstetrics and gynecology of Stanford University. The subject of his paper was *Cancer of the Female Genital Tract with Treatment.* This was illustrated with lantern slides and was very instructive.

There being no further business to come before the Society the meeting was adjourned at 10:30 p. m. in honor of Dr. E. Rixford. G. H. ROHRBACHER, *Secretary.*

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SAN MATEO COUNTY

The meeting of the San Mateo County Medical Society was held in the banquet room of the Benjamin Franklin Hotel on Wednesday, December 22, 1937, and was called to order by President Frank Gregory.

A letter from the California Medical Association, concerning proposed revisions to the Federal Food and Drug Laws, was read and a petition, which had been prepared by order of the Board of Directors, was presented, approved, and signed by all members present. A copy of the petition is attached to the minutes.

The Secretary then read a letter from the San Joaquin County Medical Society, concerning fee splitting and fee reduction with industrial accident insurance companies. The following motion was made by the Secretary:

"That the San Mateo County Medical Society be placed on record as unalterably opposed to fee splitting or reduction of fees or rebating of fees to the Industrial Accident Insurance Company; that a copy of this resolution be mailed to all members of the San Mateo County Medical Society and the National Automobile Insurance Company; and that any member accepting work from any insurance company entailing reduction of fees, splitting of fees, or rebating of fees, be referred to the Committee on Ethics and Professional Conduct for such disciplinary action as the committee sees fit."

The above motion is a verbatim copy of that passed by the San Joaquin County Medical Society. The motion was seconded and unanimously passed.

The Secretary read a letter he had received from the California Medical Association, concerning the United Hospital Service of the Physicians' Life Insurance Com-

pany. It was emphasized that this organization was not authorized by the California Medical Association.

The Secretary announced that the Board of Directors had approved the establishing of a Medical Credit Bureau to operate through the office of the secretary of the Society, whose function it would be to send a letter to every member of the Society once a month, containing names of patients who are known to one or more members of the Society as definite credit risks. This recommendation, on the part of the Board of Directors, was unanimously approved.

Announcements were made of the following new members: Doctors Meyerfeld, Richards, Eliason, and Hanson. Doctors Eliason and Hanson, who were present, were introduced and given copies of the constitution of the San Mateo County Medical Society.

The Secretary announced that in the future if dinner reservations were definitely made and not canceled prior to the day of the meeting, and the member did not attend the meeting, he will be charged for the dinner, nevertheless.

The name of Dr. Gerald F. Fairbairn was read as a new applicant.

Dr. Kirk H. Prindle was next introduced, and he presented a very interesting case of hand injury followed by local and general septic infection with recovery. Following discussion of this case, a four-reel film, prepared by Davis and Geck, *Traumatic Surgery of the Extremities*, was shown. Following the showing of the film, an enlightening discussion was led by Doctors Prindle, Hoag, and Cleary.

The names of the following duly elected officers for the coming year were announced by the chairman: Hartzell H. Ray, president; N. D. Morrison, vice-president; J. G. Bridgman, secretary-treasurer. Board of Directors: Olin M. Holmes (1937-1939), Frank S. Gregory (1938-1940), Carl Benninghoven (1938-1940), Harvey H. Whitney 1938-1940), Robert F. Monteith (1938-1940).

J. G. Bridgman, *Secretary.*

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SANTA BARBARA COUNTY

The annual banquet of the Santa Barbara County Medical Society was held on January 10, with our newly installed president, Dr. E. J. Lamb, presiding. Other officers installed at the meeting were: Dr. W. H. Johnston, president-elect; Dr. J. Jerome Rupp, secretary.

The retiring president, Dr. Irving Wills, received congratulations for his splendid record, and everyone (the incumbent not excepted) regretted that a change of residence necessitated Dr. William H. Eaton's resignation as secretary-treasurer, an office he has filled most faithfully for many years.

Brief talks were made by Mr. Patrick J. Maher, Mayor of Santa Barbara, Mr. Paul G. Sweetser, President of the Santa Barbara County Bar Association, and Assemblyman A. W. Robertson. Mr. Charles A. Storke offered free facilities of radio station KTMS for the dissemination of health information.

Dr. Eugene Kilgore of San Francisco was the speaker of the evening, and gave a most interesting and detailed exposition. He deplored the prospect of socialized medicine. He cited an alarming example of the ease of obtaining endorsements to a program detrimental to the endorsers and again brought to attention that the quality of medical care was as important as the distribution of that care and that State medicine would be controlled by a political group concerned mainly with distribution.

In the business meeting which followed, Doctors Arthur D. Bissell, James Dalton, and Sheldon Payne were elected members of the Society by unanimous vote.

Jerome Rupp, *Secretary.*

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VENTURA COUNTY

The annual meeting and election of the Ventura County Medical Society was held at the Saticoy Country Club on December 14, 1937.

The following communications were read:

From the American Medical Association, Bureau of Medical Economics, requesting a fee schedule.

From Dr. Ray B. McCarty, calling attention of anyone interested in giving a surgical paper at the next meeting of the California Medical Association, and that they should present their requests to him.

From the State Secretary's office in regard to the Federal Food and Drug Laws; the Peter's resolution, and the letters from the State Secretary's office in regard to this resolution; also a letter from Dr. E. S. Kilgore in regard to the same resolution.

A copy of the resolution was passed by the San Joaquin County Medical Society at their last meeting.

Doctor Osborn made a motion, seconded by Doctor Manning, that the Ventura County Medical Society be placed on record as unalterably opposed to fee splitting, reduction of fees, or rebating of fees to the Industrial Accident Insurance Company, and that a copy of this motion be mailed to all members of the Ventura County Medical Society and the National Automobile Insurance Company, and that any member accepting work from any insurance company entailing reductions of fees, splitting of fees, or rebating of fees, be brought before the Society for such disciplinary action as the Society sees fit. The motion was unanimously carried.

Doctor Smolt made a motion, seconded by Dr. Sterling Clark, that the Peters resolution be tabled. The motion was carried.

Doctor Osborn made a motion, seconded by Doctor Homer, that the Secretary be instructed to communicate with our national senators and representatives and express a desire of this body for more stringent revision of the Pure Food and Drug Laws. The Secretary was instructed to arrange for a meeting with Doctor Udo Wile.

The following were unanimously elected to membership in the Society. Dr. G. H. Arnold, Moorpark; Dr. W. N. Nelson, Fillmore; and Dr. C. R. Wylie, Ventura.

Dr. F. H. Garrett of the Camarillo State Hospital, Camarillo, was unanimously accepted as a transfer from the San Bernardino County Medical Society.

A rough plan for prepaid medical care to groups under a common employer was presented by Doctors C. Smolt, S. Clark, and Morrison. After a prolonged discussion, Dr. Coffey made a motion, seconded by Doctor Osborn, that the Ventura County Medical Society go on record as favoring some such plan as presented, and that the present committee be regularly appointed to draw up a complete plan to be presented before the Society as soon as possible. The motion was carried. Doctor Osborn made a motion, seconded by Doctor Homer, that a vote of thanks be given to the present committee (Doctors Smolt, S. Clark, and Morrison) for the work they have done in outlining this plan. The motion was carried. Doctor Homer made a motion, seconded by Dr. G. Clark, that the committee be given power by the Society to contact the interested groups. The motion was carried.

The following members having no opposition, were unanimously elected to office for the coming year: G. C. Coffey of Ventura, president; W. F. Mosher of Ventura, vice-president; A. A. Morrison of Santa Paula, secretary-treasurer; A. A. Morrison, alternate.

A. A. Morrison, *Secretary.*

CHANGES IN MEMBERSHIP

New Members (14)

Alameda County

Maurice L. Horwitz — Elwood W. Lyman
Edward J. Jackemy — Ernest W. Page

Monterey County

William C. Johnson

Placer County

Christian B. Pedersen

San Bernardino County

Lowell L. Emmons — Benedict D. A. Miano

San Francisco County

Frederic A. Fender — John J. McKay, Jr.
Francis Foster

San Joaquin County

Julius Schreiber

Santa Cruz County

Anthony George Badami

Yolo-Colusa-Glenn County

W. J. Blevins, Jr.

Transferred (8)

Charles S. Ambrose, from Los Angeles County to Tulare County.

Herbert C. Archibald, from Alameda County to Monterey County.

Robert D. Dunn, from San Francisco County to Santa Clara County.

Floyd I. Hohnstein, from Alameda County to Napa County.

Charles W. Leach, from Mendocino County to Yolo-Colusa-Glenn County.

Arthur H. Rice, from San Francisco County to Yolo-Colusa-Glenn County.

Eberle K. Shelton, from Santa Barbara County to Los Angeles County.

Paul A. Werthmann, from San Joaquin County to Merced County.

Resigned (5)

H. A. Brown, from Alameda County.

Thomas G. Dabney, from Alameda County.

Henry Meyer, from San Francisco County.

Harold I. Sipman, from Alameda County.

Charles G. Wharton, from Los Angeles County.

In Memoriam

Gatchell, Willis LeForrest. Died at Stockton, December 31, 1937, age 83. Graduate of Bowdoin Medical School, Brunswick, Maine, 1882. Licensed in California in 1900. Doctor Gatchell was a retired member of the Butte County Medical Society, the California Medical Association, and the American Medical Association.

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Heffernan, William T. Died at San Diego, December 30, 1937, age 73. Graduate of the Medical College of Ohio, Cincinnati, 1889. Licensed in California in 1900. Doctor Heffernan was a member of the Imperial County Medical Society, the California Medical Association, and the American Medical Association.

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Howell, Edgar Henry. Died at San Francisco, December 30, 1937, age 54. Graduate of Hahnemann Medical College of the Pacific, San Francisco, 1907, and licensed in California the same year. Doctor Howell was a member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

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Rixford, Emmet. Died at Boston, Massachusetts, January 2, 1938, age 72. Graduate of Cooper Medical College, San Francisco, 1891. Licensed in California in 1892. Doctor Rixford was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Seawell, James Walter. Died at Healdsburg, December 26, 1937, age 58. Graduate of the University of California Medical School, San Francisco, 1901, and licensed in California the same year. Doctor Seawell was a member of the Sonoma County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

OBITUARY

Emmet Rixford
1865–1938

The passing of Emmet Rixford at seventy-two years of age removes one of the great figures in the medical history of California and the West. He had been a tower of strength in the affairs of this Society, having served as its president in 1905 and again in 1924, a tribute to those innate qualities which won for him the respect and admiration of his associates. He continued in the service of the Society as a member of its Board of Directors to the very end.

As his father before him was a distinguished pioneer in the horticultural development of the State, so he early became a surgeon of distinction in the local profession and in the faculty of Cooper Medical College. At the incredibly young age of thirty-three, he was made professor of surgery, a position held by him for thirty-two years, when he was reluctantly retired to the emeritus group of Stanford University Medical School. His recognition and description of an unrecorded disease, coccidioidal granuloma, had been written two years earlier. By 1905, he had won nation-wide eminence and recognition as vice-president of the American Surgical Association, whose president he became in 1928.

In his home community he maintained an active interest in civic affairs, serving for many years as one of the governors of the Commonwealth Club. As the accompanying sketch of his life's story indicates, no matter what field of endeavor he entered, whether the practice of his profession, the exploration of mountainous wilds, the growing of beautiful roses, or the competition of yacht racing, his ability carried him to undisputed leadership. His courage proverbial, his composure under stress unequaled, his mind quick to grasp the new and worth while and able to retain it for instant use when necessary, all combined to make him a brilliant teacher, who profoundly influenced many generations of students, and a surgeon of accomplishment, whose service and advice were sought by layman and professional colleague from far and near.

In the grievous loss that this Society, this community, and this nation have sustained by the death of Emmet Rixford, it is fitting that we as fellow directors of the San Francisco County Medical Society place on record our sincere appreciation of his incomparable service to his fellow men, and our deep sense of personal loss at his passing, and that we direct the secretary of the Society to transmit a copy of these resolutions to his sorrowing family.

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WHEREAS, The Almighty Ruler of the Universe, in His Infinite Wisdom, has seen fit to remove from our number one whom we long loved and cherished—Dr. Emmet Rixford; and

WHEREAS, Through many years of professional and social acquaintance, we had learned to know him as one who exhibited the highest qualities of gentlemanly conduct, humanitarian spirit, and intelligent judgment; and

WHEREAS, His attitude toward his fellow practitioners in his chosen profession was ever courteous and helpful, especially to the younger man in medicine; and

WHEREAS, Through his long years of service as a teacher of the medical arts and sciences he had enlightened a large group of capable students who, inspired by his precept and example, have carried the lessons he taught throughout our state and nation; and

WHEREAS, His untimely passing has taken from us a kindly soul steeped in the love of his fellow man, ardently alive to the suffering of the sick, whose example has elevated the principles and practice of medicine in our community, be it

Resolved, That the California Medical Association, with heartfelt sorrow, record the death of this beloved friend and associate, whose kindly countenance and abundant wisdom have for so long graced and enlightened our meetings; and be it further

Resolved, That a copy of these resolutions be properly indited in the records of the California Medical Association, and that a copy of the same be transmitted by the secretary of our society to his bereaved family, with our deepest sympathy.

O. D. HAMLIN, M.D.
C. A. DUKES, M.D.
C. G. TOLAND, M. D.

* * *

Emmet Rixford, professor of surgery, emeritus, at Stanford University Medical School, one-time intimate associate of Dr. Levi Cooper Lane, died at the Peter Bent Brigham Hospital, Boston, January 2, of cardiac failure incident to an old coronary thrombosis, four days following an operation upon the bladder.

He was born in Bedford, Quebec, of American parents, who journeyed to California by way of Nicaragua in 1867, where the father became one of the State's distinguished pioneers, being directly responsible for the introduction of the Smyrna fig, and several hardy varieties of citrus fruits.

The son, Emmet, was graduated from the University of California in engineering in 1887, but was promptly diverted into medicine, taking his degree from Cooper Medical College in 1891. Together with Stanley Stillman, he became Dr. Levi Cooper Lane's assistant, later traveled as a graduate student in Eastern and European clinics, was named adjunct professor of surgery at Cooper Medical College in 1893, and professor of surgery in 1898. When Cooper Medical College was taken over in 1909 by Stanford University as its medical department, he continued as professor of surgery and chief surgeon on the Stanford service at the San Francisco County Hospital, where he served continuously as visiting surgeon for thirty-six years. His Thursday morning "colloquia" were attended by numerous surgeons, and many generations of students, who came to be instructed, as well as entertained, by this master of surgery. Resourceful and rapid in operating, quick and decisive in judgment, equipped with a mind abundantly laden with information at his immediate command, he made a brilliant teacher at the operating table.

His activity as an operator bridged the period between antiseptic and aseptic surgery, between drainage and nondrainage of wounds, but his facile mind quickly accepted and improved upon the rapidly advancing developments in surgery. He early insisted upon a bacteriologic and pathologic study of his operative specimens, and was himself an excellent surgical pathologist. He was one of the first on this coast to employ the x-ray and with it to locate accurately, because of his engineering training, a foreign body in the brain, permitting its successful removal by his associate, Dr. Stanley Stillman.

His engineering training made him particularly adept also in the understanding of fractures and dislocations, and a number of his papers dealt in original manner with the mechanics of the production and treatment of the greenstick, buckling, torsion, and flexion fractures. His first paper in 1894 dealt with the symptoms and diagnosis of tuberculous disease of the joints. Subsequent papers covered the gamut of general surgery: the treatment of hernia, of goiter, of pancreatitis, of renal calculus, of gallstones, of cancer in many sites; the rôle of industrial trauma in the development of cancer; the early history of the Pacific Coast medical schools and journals; and biographies of Cooper, Lane, and Huntington, pioneer master surgeons of California.

Quick to recognize in one of his early patients from the San Joaquin Valley that he was dealing with an unusual infection, he sent material to Professors Welch and Gilchrist of Johns Hopkins for further intensive study, which led subsequently to the recognition and description (by Rixford and Gilchrist in the first volume of the Johns Hopkins Hospital Reports, 1896) of a new disease, coccidioidal granuloma, also known as the San Joaquin Valley disease.

National recognition of his ability came early: vice-president of the American Surgical Association in 1905, he became its president in 1928; he was twice president of the San Francisco County Medical Society; a founder of the Pacific Coast Surgical Association, he became its president in 1932; long a member of the Society of Clinical Surgeons, he attended most of its meetings and accompanied its members on all but the last of its foreign tours. He held membership in the American College of Surgeons, in the Internationale Societé de Chirurgie, the California Academy of Medicine and the California Academy of Science. He helped organize the California Horticultural Society and was its vice-president during the past year. In 1928, at the request of Dr. Harvey Cushing, he served for three weeks as surgeon-in-chief *pro tem.*, of the Peter Bent Brigham Hospital in Boston, a significant honor shared on other occasions, among others, by such distinguished surgeons as Sir Charles Ballance, Professor Foerster of Breslau, Professor Gask of London, Professor Giertz of Stockholm, Professor Leriche of Strassburg, Sir D'Arcy Power of London, Professor Putti of Bologna, Sir Herbert Stiles and Sir David Wilkie of Edinburgh, Dean Lewis, Evarts Graham, Allen Whipple, and George Heuer of America.

A lifelong and paramount interest was the Lane Medical Library, whose completeness and present position as one of the great medical libraries of the country are entirely due to his efforts. It was he who prevailed upon his classmates in 1891 to purchase a two-volume atlas of skin lesions, which really formed the nucleus for the later development of the present library. It was he who journeyed to the Surgeon-General's library on several occasions, found duplicates of important volumes, and was permitted to box and send them to San Francisco. It was through his perspicacity and friendship with Doctor Jacobi of New York that he secured over 24,000 volumes of the early medical journals and greatly prized Paris theses which were found duplicated when the New York Academy and New York Hospital combined their libraries. The Lane Library, though named at his suggestion in honor of his chief, will be an enduring monument to his memory.

Although a distinguished scholar in his chosen field, Doctor Rixford's great charm lay in his extraordinary breadth of knowledge outside his professional calling. An authority on land snails, he possessed one of the most complete collections in California. His achievements as an indefatigable mountain climber are forever commemorated by the designation of a 13,000-foot peak in the Kearsarge Range of the Southern Sierra as Mount Rixford. His reputation as an authority on rose culture was nation-wide. As skipper on the Sloop *Annie*, brought around the Horn in the seventies, he won numerous races on San Francisco Bay, and was at one time designated Commodore of the Fleet. When *Annie's* day was finally done, she was reverently burnt at sea. When the earthquake and fire of 1906 rendered many homeless, he was made chairman of a relief fund to help destitute physicians. The Pacific Union, Bohemian, and Commonwealth Clubs of San Francisco claimed him as a member.

He is survived by his wife, Mrs. Louise Campbell Rixford; two sisters, Mrs. Geneve Rixford Sargeant, an artist, and Mrs. Caroline Byrd; a brother, Loring Pickering Rixford; a daughter, Mary Campbell; and three sons, Loring, Dr. Henry Covington Rixford, a surgeon of Stockton, California, and Dr. Emmet Lane Rixford, a surgeon in San Francisco.

His was an unusually active and useful life, full of zest for enjoyment, mingled with constant devoted service to his fellow men. No man, however poor, was ever denied the privilege of his skill. His service to the destitute sick of San Francisco is incalculable. When payment was possible, his requests were moderate. "No man whose life I have saved shall mortgage his remaining existence to me." He builded for himself an enviable monument of gratitude in the hearts of his fellow men. Many mourn his passing, few shall see his like again.

EMILE HOLMAN.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. HOBART ROGERS.....President
MRS. FRED ZUMWALT.....Chairman on Publicity

State Auxiliary Notices

Official Notice of State Board Meeting.—Mrs. Hobart Rogers, President of the Woman's Auxiliary to the California Medical Association, announces a meeting of the officers and Board of Directors to be held in Los Angeles on February 23, 1938. Official announcement will be received by members of that body through the mails.

Mrs. B. H. Sherman, 1622 North Fairfax Avenue, Hollywood, Chairman of the Library Board of the Woman's Auxiliary, will have received, when this notice goes to press, the designs for the Book Plate Contest, as all entries must have been in the mail on or before February 5. By the middle of March the judges will probably have made the awards and the names of the winners been known. As soon as they are sent in, the names will be published along with a description of their designs.

Component County Auxiliaries

Alameda County

On Friday, January 21, the Woman's Auxiliary to the Alameda County Medical Society will hold their first meeting of the year at the Claremont Country Club at twelve o'clock. Mrs. Thomas Clarke will be hostess for the informal reception preceding the luncheon. Mrs. Richard A. Young will be chairman of the day.

Honoring us will be Dr. Chauncey Leake, professor of pharmacology and materia medica at the University of California, who will address us on *Drug Foolishness.*

Mrs. Hobart Rogers, State President and a member of our Auxiliary, will also be an honored guest. Her subject will be *Your Auxiliary and Mine.*

MRS. GRANT ELLIS,
Chairman of Publicity.

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Fresno County

On December 7, 1937, the Woman's Auxiliary to the Fresno County Medical Society was honored by a visit from the state president, Mrs. Hobart Rogers, and the corresponding secretary, Mrs. Charles Hall. Our business meeting was preceded by a delightful dinner at the California Hotel. The table, decorated by Mrs. B. F. Walker, was quite in the Christmas spirit. Along the table were red candles with the fruit of strawberry trees around them, and in the center of the table a round centerpiece of the fruit.

After the dinner there was a short business meeting. This was held in the lounge of The University-Sequoia Club. We then enjoyed a talk by Mrs. Rogers, delivered in her usual delightful manner, in which she spoke of the ideals and aims of the Auxiliary. Mrs. Hall also talked to us for a few minutes. The meeting then adjourned.

MRS. C. P. DOANE,
Chairman of Publicity.

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Los Angeles County

Taking the place of the December luncheon meeting of the Woman's Auxiliary to the Los Angeles County Medical Association, a Christmas tea was given for the members on December 14 by Mrs. Elio' Alden, president, at her home, with members of the Board assisting.

Guests of honor were Mrs. Clifford Andrews Wright, President-Elect of the Woman's Auxiliary to the California Medical Association, and Mrs. James F. Percy, a past president of the Los Angeles County Auxiliary.

The Philanthropy Committee received at this time contributions for the Christmas baskets which were distributed to the families of needy doctors in Los Angeles County.

MRS. ROBERT L. CARROLL,
Corresponding Secretary.

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Riverside County

The Woman's Auxiliary to the Riverside County Medical Society held an interesting meeting in December at the home of the president, Mrs. T. A. Card, on Aurora Drive.

The Auxiliary is trying to get a welfare footing, probably a reading and game room, in the poverty-stricken Mexican quarter, known as Casa Blanca. The Rev. Alec Trujillo, pastor of the Presbyterian Mission in this district, reviewed some of the social service needs. The principal of the school in this section outlined plans for a homemaking project which she hopes to establish, by means of which children of the school will prepare their own cafeteria lunch. Christmas songs by four Mexican girls completed the program.

About fifty members and guests were present for the social hour, during which refreshments were served. Assisting hostesses were Mesdames A. W. Miller and S. H. Keller.

MRS. H. J. WICKMAN,
Corresponding Secretary.

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Sacramento County

An elaborate Christmas party was given the Woman's Auxiliary to the Sacramento Society for Medical Improvement by its Board of Directors in the home of Mrs. F. N. Scatena on Tuesday, December 21.

The evening was given over entirely to entertainment which included a musical program and a dramatic reading.

The Scatena home was beautifully decorated with Christmas trees, laurel wreaths, holly berries, and miniature Christmas scenes.

Some of the guests played bridge during the evening and prizes were distributed to the winners.

Gifts from a large Christmas tree closed the program for the evening, followed by refreshments.

Members of the Board of Directors are: Mesdames F. N. Scatena, Dave F. Dozier, William Van Den Berg, George Briggs, Orrin Cook, Leo Farrell, Hilding Johnson, Norris R. Jones, Frank Krull, Frank MacDonald, and James Yant.

MRS. H. CARMICHAEL,
Chairman of Publicity.

❋

Santa Barbara County

The Santa Barbara County Woman's Auxiliary to the Santa Barbara County Medical Society was entertained at tea on the afternoon of November 23 by Mrs. Franklin R. Nuzum at her home in Montecito. This was the annual membership tea of the Auxiliary. The wives of all doctors and internes who are members of the county medical society were invited.

The Auxiliary held no December meeting.

MRS. H. E. HENDERSON,
Chairman of Publicity.

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San Diego County

The Woman's Auxiliary to the San Diego County Medical Society met at the Men's University Club for its regular monthly luncheon on January 11.

Dr. James C. Anders, formerly a medical missionary in West Africa and head of one of the hospitals there, gave an interesting talk on *The Life and Customs of the Yoruba Tribe in West Africa.* His talk was illustrated by moving pictures which he had taken while residing in Africa.

Mrs. W. B. McGee gave a short review of an article from *Hygeia.* The very colorful decorations were provided by Mrs. E. H. Christopherson and Mrs. Otto Marsh.

† As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Fred Zumwalt, Chairman of the Publicity and Publications Committee, 3880 Clay Street, San Francisco. Brief reports of county auxiliary meetings will be welcomed by Mrs. Zumwalt and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

San Francisco County

The first general meeting of 1938 will be held at the Auxiliary headquarters, 2180 Washington Street, on Tuesday, January 18, 1:30 p. m., with the president, Mrs. Hans Barkan, presiding. Dr. Mary H. Layman, a member of the Board of Directors of the Motion Picture Research Council, will address the members and guests on the *Effect of Motion Pictures on Children.*

The round-table discussions, under the leadership of Mrs. Julius Sherman, will continue during the spring on the first and third Mondays at 1:30 p. m. On Monday afternoon, January 3, the study group visited the Lane Library, founded by the late Dr. Emmet Rixford, to see the manuscripts of antiquity relating to the history of medicine.

Mrs. Howard B. Dixon, who was appointed by the president as the official representative of the Auxiliary to the Woman's Club House Association for the World's Fair of 1939, has been active in her duties attending committee meetings and arranging matters of interest for the Auxiliary. The clubhouse will be located on the fair grounds, and the members of the Auxiliary will be eligible to membership in the Association.

Responding to a request from the Parent-Teachers Association for a speaker from the Auxiliary, Mrs. A. S. Musante, a member of the Auxiliary Board of Directors, graciously addressed a large group at the General Pershing School on Tuesday, January 4, on the *Effect of Movies and Radios on Children.* Mrs. Musante is vice-president of the Motion Picture Council of San Francisco County.

MRS. HARRY R. OLIVER,
Publicity Chairman.

Pasteurized Milk.—The term "pasteurization," or pasteurized, refers to the process of (1) heating every particle of milk to a temperature of not less than 142 degrees Fahrenheit, and (2) holding it at such temperature for not less than thirty minutes in (3) an approved pasteurization apparatus. (4) Approval shall be limited to an apparatus which requires a combined recording and indicating thermometer temperature tolerance of not more than 1½ degrees Fahrenheit, as shown by official tests, and (5) such apparatus shall be properly operated, and (6) the indicating and recording thermometer charts shall both indicate a temperature of not less than 143½ degrees Fahrenheit continuously throughout the period the milk is held.

The term "pasteurization or pasteurized" also includes the process of heating every particle of milk to 160 degrees Fahrenheit and holding at that temperature or above for not less than fifteen seconds in apparatus of approved design and properly operated. Cooling to a reasonably low temperature (50 degrees or less, and maintained at that emperature until delivery) immediately following the heating and holding, in order to prevent the growth of organisms surviving pasteurization.

Subjecting milk to the pasteurization process defined above will kill the bacilli of typhoid fever, the paratyphoid fevers, diphtheria, tuberculosis, and the dysenteries. It will also kill the streptococci of scarlet fever and septic sore throat, the micrococcus of undulant fever, the virus of foot and mouth disease, and all other nonspore-bearing organisms with which milk may be contaminated. The determination of the thermal death point of pathogenic organisms by various investigators, together with past experience with the use of properly pasteurized milk, indicates very clearly that the thermal death point of these organisms is relatively low and that they are readily destroyed by proper pasteurization. Pathogenic organisms are considered to be of great public health significance, since they cause human disease.

When considering what is the most economical and practical way of safeguarding a city's milk supply, pasteurization, properly accomplished, is the only solution. It is indeed a pity that milk, which is such an excellent food, can be such an extremely dangerous one if not properly safeguarded. Milk is not only a good food for human beings but also a good food for certain types of disease organisms. The necessity for pasteurization becomes increasingly apparent when we consider these possibilities of transmission of disease through the agency of milk. Milk may, upon occasion, without our knowledge, come from cows infected with tuberculosis or undulant fever. This source of danger may be minimized by elimination of the infected animals from the producing herds on the basis of tests devised for this purpose. One question must assail us, for how many months had the now eliminated cows been infected with these diseases before they were detected and slaughtered?

To build a hypothetical case: Assuming that the producing herd had been freed of infected cattle. This offers no protection against such diseases as typhoid fever, diphtheria, and septic sore throat, because the pathogenic organisms causing these diseases may come from infected water supplies or from human carriers of disease.

It is self-evident that pasteurization should not be used to conceal slovenly methods of milk production nor relied upon to take the place of efforts to produce a high quality of milk. It is equally evident that pasteurization cannot be blamed for the results of its improper use.

Pasteurization, properly accomplished, means that each step of the process described in defining pasteurization is actually observed. Many elements, such as faulty equipment, and careless operation, which ignores pasteurization principles, conspire to defeat this term. Pasteurization with adequate regulation, by means of an accepted ordinance plus uniform and efficient inspection by the personnel in the local city or county health department, makes possible a safeguarded milk supply.—*Ohio Health News.*

Facts About Pneumonia.—Of all acute diseases pneumonia is the most prevalent and fatal. As a cause of death in the United States it now exceeds tuberculosis. It occurs in all climates and is prevalent in tropical countries as well as in cold countries. It is more prevalent in the northern states of this country than in the southern states. Pneumonia shows a decided season of prevalence, as it occurs more frequently in the winter and spring months. It attacks individuals of all ages, but its incidence is most marked in infancy and in extreme old age. It occurs more frequently among males and is more highly fatal in negroes. When it attacks individuals who are physically strong, recovery generally occurs. In individuals who are physically weak and who are suffering from other disabilities, pneumonia is more often fatal. Ordinarily, pneumonia does not appear to be contagious. The pneumonococcus organism does not thrive outside of man.

While the disease sometimes occurs in epidemics, it ordinarily shows little tendency to develop in individuals who may come into contact with cases. Such outbreaks as have been recorded have occurred in institutions, camps, on shipboard, and in places where overcrowding may occur. Pneumonia is epidemic when influenza and measles are epidemic. It seems to thrive when the individuals' resistance becomes weakened through attacks of other infections. One attack does not confer immunity. In fact, increased susceptibility is more often the rule. The disease occurs often among alcoholics and develops frequently following exposure to cold and accidents. It is often found as a complication of whooping cough, typhoid fever, and other infections. Overexertion, fatigue, and exposure are often contributory factors in the development of pneumonia. Overcrowding, indiscretions in eating and drinking, and other factors that are commonly associated with the development of common colds are constructive factors in pneumonia.

While progress has been made in the prevention of pneumonia through the use of certain biologics, the best general methods of prevention lie in the avoidance of dissipation, poor or insufficient food, lack of exercise, loss of sleep, worry, overwork, alcohol, common colds, fatigue, and excesses of all kinds. Sleeping with open windows, living in rooms that are not overheated, breathing air that contains a sufficient amount of moisture, frequent baths of moderate or cold temperature, and the general observance of the laws of hygiene, are all important in the prevention of the disease. Individuals who suffer from minor infections should be properly safeguarded against pneumonia. Recovery should be complete before exposure to stresses and strains that might lower individual resistance. Advances are being made in the development of effective procedures against pneumonia, and it is possible that practical measures applicable to general use may soon become effective.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings

American Medical Association, San Francisco, June 13–17, 1938. Olin West, M.D., 535 North Dearborn Street, Chicago, Secretary.

California Medical Association, Hotel Huntington, Pasadena, May 9–12, 1938. F. C. Warnshuis, M.D., 450 Sutter Street, San Francisco, Secretary.

* * *

California State Dental Association, Stockton, April 4–6, 1938. C. E. Stabler, D.D.S., 1003 Medico-Dental Building, Stockton, General Chairman.

Pacific Coast Surgical Association, Los Angeles, February 22–25, 1938. H. Glenn Bell, M.D., University of California Hospital, San Francisco, Secretary.

Medical Broadcasts*

Los Angeles County Medical Association

The radio broadcast program for the Los Angeles County Medical Association for the month of February is as follows:

Thursday, February 3—KECA, 11:00 a. m., The Road to Health.
Saturday, February 5—KFI, 10:00 a. m., The Road to Health; KFAC, 11:30 a. m., Your Doctor and You.
Thursday, February 10—KECA, 11:00 a. m., The Road to Health.
Saturday, February 12—KFI, 10:00 a. m., The Road to Health; KFAC, 11:30 a. m., Your Doctor and You.
Thursday, February 17—KECA, 11:00 a. m., The Road to Health.
Saturday, February 19—KFI, 10:00 a. m., The Road to Health; KFAC, 11:30 a. m., Your Doctor and You.
Thursday, February 24—KECA, 11:00 a. m., The Road to Health.
Saturday, February 26—KFI, 10:00 a. m., The Road to Health; KFAC, 11:30 a. m., Your Doctor and You.

Resolution Against Special Contracts by Hospitals.—The following resolution was adopted by the Executive Committee of the Hospital Council of Southern California at a meeting held on January 11, 1938:

WHEREAS, Hospitals are constantly striving to balance budgets, and more often than not fail to balance their budgets;

WHEREAS, True costs studies show many published rates, particularly ward rates, less than cost;

WHEREAS, Insurance companies, corporations with medical departments, physicians doing group practice have asked or demanded special rates and in many cases succeeded in getting them;

WHEREAS, These rates are not founded on any social basis, but are preferential to those most able to pay full costs;

WHEREAS, Such policy of granting special rates to powerful companies has been thoroughly discredited, and branded as bad business ethics;

WHEREAS, Such policy not only is bad for hospitals, but also results in unfair competition in the profession of medicine also; be it therefore

Resolved, (*a*) That hospitals in this Council go on record as disapproving the practice of entering into special contracts at special rates.

(*b*) That hospitals in this Council recommend and urge all hospitals to grant no rates below their own published schedule, except to individual cases of merit, and to those patients after social service investigation proves such right.

(*c*) That a copy of this resolution be forwarded to the County Medical Association and to its members, assuring each high-class practicing physician that no secret agreements will place him at a disadvantage.

Associated Hospital Service of Southern California. The Associated Hospital Service of Southern California have opened offices at Room 528 Chamber of Commerce Building, 1151 South Broadway, Los Angeles, telephone Prospect 2579, and have entered into arrangements with Dr. L. B. Rogers, formerly superintendent of the Hollywood Hospital, to act as executive director of the new organization. Other officers are: R. E. Heerman, president; William H. Kiger, vice-president; Leonard K. Brown, secretary; Edward M. Pallette, treasurer. The hospitalization plan of the Associated Hospital Service of Southern California has been approved by the Los Angeles County Medical Association and is before the State Insurance Commissioner.

The following hospitals have become affiliated with the Associated Hospital Service of Southern California, as contracting hospitals, and have been inspected and certified by the State Department of Public Health: Alhambra Hospital, Alhambra; The California Hospital, Los Angeles; Cedars of Lebanon Hospital, Los Angeles; Foster Memorial Hospital, Ventura; Jared Sidney Torrance Memorial, Torrance; Las Campanas Hospital, Compton; Loma Linda Sanitarium and Hospital, Loma Linda; Long Beach Community Hospital; Mercy Hospital, San Diego; Methodist Hospital, Los Angeles; Mission Hospital, Huntington Park; Physicians and Surgeons', Glendale; Presbyterian Hospital, Olmsted Memorial, Lessee Hollywood Hospital; Riverside Community Hospital; San Pedro General Hospital; Santa Barbara Cottage Hospital; Santa Fe Hospital, Los Angeles; Santa Monica Hospital; Scripps Memorial Hospital, La Jolla; Seaside Memorial, Long Beach; St. John's Hospital, Oxnard; St. Joseph's Hospital, Orange; St. Luke's Hospital, Pasadena; White Memorial Hospital, Los Angeles; Hospital of the Good Samaritan, Los Angeles; Centinela Hospital, Inglewood.

Health Insurance Lecture Series.—Health insurance and medical sociology are to be made a special order of business by the University of California Medical School through a series of lectures dealing with many phases of these subjects.

The first lecture will come on February 2, when Dr. Paul Dodd will speak on the topic, "Cost of Medical Care." The other lecturers and lectures are as follows:

February 9, Dr. E. F. Penrose, Theory of Health Insurance; February 16, Dr. B. N. Armstrong, The Health Insurance Doctor in England, Denmark, and France; February 23, Dr. P. K. Brown, Health Insurance in the United States; March 2, Dr. A. H. Mowbray, Actuarial Principles of Insurance and Health Insurance; March 9, Dr. W. P. Shepard, the Physician's Place in the Community; March 16, Dr. H. A. Meyer, Health Insurance in Germany; March 23, Dr. J. B. Saunders, Health Insurance in Great Britain; March 30, Dr. T. H. Kelley, Organized Medicine and Health Insurance; April 6, Dr. E. S. Kilgore, The Relationship of Government to Medicine.

The lectures will be open to faculty, resident staff, medical students, members of the profession and all others interested, and attendance is expected from many parts of the State. They will be given in the auditorium of the University of California Extension Division at 540 Powell Street, San Francisco.

The series will be under the direction of Dr. Salvatore P. Lucia, and each lecture will be thrown open for free discussion at its conclusion.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

The Work of the State University.—The University of California Extension Division exists for the purpose of distributing the benefits of education as widely as possible. It traces its origin to a series of lectures on the tragedies of Shakespeare, inaugurated by the late Professor Charles Mills Gayley on October 10, 1891, almost a half-century ago. These lectures and others offered subsequently were of such popularity that in 1913 it became necessary to organize a division of the University to administer them. Since then the public response to this opportunity for self-improvement has steadily increased. In the year 1935–1936, throughout the State there were 1,981 class courses with 41,047 enrollments. During the same year there were 2,939 enrollments for instruction by correspondence. 123,490 people attended special lectures sponsored by the Extension Division, and an aggregate audience of 1,226,000 people observed 12,263 motion picture or stereopticon programs supplied to schools, clubs, and study groups in various parts of the State.

As these statistics indicate, the University of California is a vastly different kind of institution from the old cloistered universities. It continues, however, to offer technical and specialized instruction as did universities of another day. During regular sessions on its seven campuses last year, 23,000 men and women were in residence, and more than 4,000 additional attended summer sessions. But public universities in a modern democracy must be more than centers of higher learning. They must be clearing houses where the knowledge of the world is brought to bear upon the problems of the commonwealth, and where the public can find technical assistance and intellectual leadership. The University of California bears these responsibilities. It sponsors investigations, and publishes its findings in scores of different fields, from agriculture to medicine and from history and government to mining and civil engineering. The courses announced in this booklet are a part of the public service of the University of California. They help men and women to gain more from life.—From the brochure, "Lifelong Learning," Berkeley, December 20, 1937, Vol. 7, No. 21.

Second National Social Hygiene Day.—*Social Hygiene News* of December 1, 1937, prints the following letter from President Ray Lyman Wilbur of Stanford University:

A Letter From the President

Dear Friends and Members of the American Social Hygiene Association:

Syphilis is in the headlines, on club programs, on the screen, on the air, on bookshelves, on the public mind!

What next? Will the nation merely talk and not act? Will nearly twenty million people continue to suffer with syphilis and its twin peril, gonorrhea, and threaten other millions? Shall ye keep on letting 500,000 new cases of syphilis appear each year? Thousands more to become needlessly blind or crippled? Taxpayers to bear the burden of caring for the 10 per cent of inmates of mental institutions who are there because of preventable end-results of syphilis? Shall sixty thousand syphilitic babies be born each year?

Not if the Association's Antisyphilis Committee can summon support needed to rally the nation against these vicious and expensive diseases. Experience in other countries shows that these maladies can be checked. American medical science is competent to do its part. Syphilis and gonorrhea can be conquered if—

1. Everybody learns how dangerous they are.
2. Those infected are taught to seek treatment early.
3. Proper treatment is assured for all who need it.
4. Health departments and coöperating agencies are furnished with enough money and personnel to do what is necessary.

Surgeon-General Parran looks to this Association to lead the way in "telling all the people." Its National Antisyphilis Committee, headed by General John J. Pershing, is charged with this duty and is raising $500,000 required by the Association. The Second National Social Hygiene Day, February 2, 1938, will draw attention to a most tragic aspect of syphilis—its attack on young men and women.

Will you help? Your membership dues, with any additional contribution you can spare, mean much. And as a citizen, you can hardly afford to be without the *Journal of Social Hygiene*, the *Social Hygiene News*, and other up-to-date publications. We count on you for 1938!

Sincerely yours,

Ray Lyman Wilbur, M.D.
President, American Social Hygiene Association.

Examinations: American Board of Obstetrics and Gynecology.—The general oral, clinical, and pathological examinations for all candidates (Groups A and B) will be conducted by the entire Board, meeting in San Francisco on June 13 and 14, 1938, immediately prior to the meeting of the American Medical Association.

Application for admission to the June, 1938, Group A examinations must be on an official application form and filed in the secretary's office before April 1, 1938.

The annual informal dinner and general meeting of the Board will be held at the Palace Hotel, San Francisco, on Wednesday evening, June 15, at seven o'clock. Dr. William D. Cutter, Secretary of the Council on Medical Education and Hospitals of the American Medical Association, will be the guest speaker, and the diplomates certified at the preceding days' examinations will be introduced individually. All diplomates are invited to attend the dinner meeting, and to bring as guests their wives and any persons interested in the work of the Board.

For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh, (6), Pennsylvania.

Publicity Materials for Social Hygiene Day.—The following item from the December 15, 1937, *Social Hygiene News* indicates how educational campaigns should be arranged:

"The Association staff has been busy for several months on the designing and production of new and arresting publicity materials for general as well as Social Hygiene Day use.

"Notable among these is a long-needed display for the general public. Included in this set are eight texts which are illustrated with drawings and photographs. The set is recommended for clinics and health centers and other places where large numbers of uninformed persons gather. The price will be about $1.50 per set, postpaid.

"An easel cut-out is being produced for use on drug-store counters. Local health department or social hygiene society leaflets should be placed with the cut-outs to give information concerning early diagnosis and treatment and where these may be obtained. The cut-out was made especially small and attractive so that a maximum number of druggists, who might object to large displays, will be anxious to use them. These will be about $5 a hundred, with your own imprint on large orders.

"By special arrangement with the publishers of Thomas Parran's 'Shadow on the Land,' a special educational edition is being provided through the Association. Made to sell for $1 each, they are available in quantity at $9 per dozen and $65 per hundred. The text is identical with that of the $2.50 edition.

"A Press Book will be included with the special kit which is being prepared. Included will be four suggested 'spot news' stories, two editorials, and ten three-minute radio talks. Twenty-five 'spot' announcements for radio will also be available.

"A Social Hygiene Day poster is being produced. The design will also be carried out in several sizes. A stereotype which can be inserted in the regular advertising of department stores, banks, and others will be provided on request.

"The Metropolitan Life Insurance Company offers splendid coöperation. A full-page advertisement will appear in all leading magazines for February. Also a large card, 'Protect Youth from Syphilis,' has been prepared and is offered for use in developing a store window display.

"The New York State Department of Health is offering its electrical transcriptions and may be able to release a new motion picture 'trailer' in time for general use on February 2.

"Look in the October *Journal of Social Hygiene* for recent bibliography.

"An appealing twenty-four-sheet outdoor billboard poster urging blood tests for expectant mothers is available for use in your community. Arrange for free space with your local outdoor advertising company. The Association can provide these posters at $1.50 each. Included, without extra cost, is a narrow strip announcing Social Hygiene Day to be pasted across the larger display. Hundreds of billboards will carry this poster during January."

Community Program for Combating Syphilis and Gonorrhea.*—Details of a modern program for combating syphilis and gonorrhea will differ from city to city in accordance with the size and character of each, but principles based on accepted facts should be identical wherever applied.

Briefly, a community program reduces itself to a few basic factors. These are education, case finding, and treatment.

Through education and various types of publicity, popular support can be rallied for the city's fight on syphilis and gonorrhea and the conditions which favor their spread.

Case finding receives impetus through well-directed publicity. Places for diagnosis and treatment should be made familiar to all, and adequate clinic facilities should be provided, including availability of free or inexpensive laboratory services.

The solution of the problem of treatment for the many neglected cases of syphilis is not in establishing more and larger clinics, but rather in coöperation with private practitioners and voluntary hospitals and clinics.

Departments of health may aid, however, by providing free drugs, free consultation regarding therapy, and the services of a public health nurse in the follow-up of lapsed cases.

Sources of funds for a city program are, first, the city budget; second, Security Act funds through state departments of health; and third, WPA funds through special projects.

Local voluntary agencies such as social hygiene societies can be of great practical assistance in many aspects of the program, especially with regard to popular education, professional training, and the creation of favorable public opinion.

Rabies Widely Prevalent Among Dogs: Cases Doubled in 1937.—More than two thousand rabid dogs have been reported in California during 1937, twice as many as have ever been reported during a single year in the history of the State. Most of these diseased animals have been discovered in Southern California, but recently more have been found in the central coast region and in the San Joaquin Valley. The Sacramento Valley is free of the disease, and only a few cases have been found in the region north of the bay of San Francisco.

At the request of local health officers the State has placed a quarantine on dogs and cats in Santa Clara and Ventura counties. Under the quarantine regulations all dogs and cats must be kept under confinement upon the private premises of the owners under restraint by leash or in closed cages or paddocks. It is the duty of peace officers and deputies of the county health officer to enforce the provisions of the order.

The great reservoir of rabies infection is in the stray dog population. If stray dogs were reduced to a minimum, rabies could be controlled easily. It would appear that the spread of the disease is from south to north, and it is probable that stray dogs are responsible for the spread. Communities in which stray dogs are impounded regularly and in routine manner have little to fear from rabies.

A veterinarian in Los Angeles County was recently bitten on the thumb by a dog that he had under treatment. It was not known until after the dog died that he suffered from rabies. In spite of the fact that the Pasteur treatment for the prevention of rabies was given to the patient, he developed the disease ten weeks after having been bitten and died. There is no history of any individual contracting rabies having recovered. The treatment is preventive only, and once the symptoms of the disease appear death is certain.

Children cannot be adequately protected against this highly fatal disease in those communities where no efforts are exerted to control stray dogs. When the disease is as prevalent as at the present time, it is important that community action be taken in the provision of adequate safeguards. The State Department of Public Health is ready to assist any community that may desire to take definite action in the control of the disease and in establishing preventive measures.

* Condensed from the article by Walter Clarke, M. D., Executive Director of The American Social Hygiene Association, in the March 6, 1937, *Journal of the American Medical Association.*

Botulism.—A fatal case of botulism was recorded in Los Angeles County, where a woman opened a jar of home-canned corn, tasted it without swallowing any, and threw the contents to the chickens. Ten chickens died the same day and five the next day, all having symptoms of limber neck. The woman was taken sick October 5, within thirty hours after tasting the corn, and died October 12.

Marriages Increase.—There were 48,305 marriages registered in California during the first nine months of the present year, as compared with 44,938 such events that were registered during the first nine months of 1936. This represents an increase of 7.5 per cent. The comparison of marriages by the months for the periods under discussion is as follows:

	1937	*1936*
January	4409	4201
February	4000	4058
March	4428	3959
April	4509	4516
May	4366	3870
June	8081	7263
July	6001	5733
August	6155	5406
September	6336	5932
Total	48,305	44,938

Lemon Juice.—Nearly half the samples of so-called pure lemon juice taken by food and drug inspectors and sent to the State Laboratory for analysis have been found to be adulterated with citric acid and water so as to cheapen the product.

Most of such lemon juice is sold to "on sale" places in unsealed bottles, making it sometimes difficult for the inspectors to ascertain whether the manufacturer or retailer is responsible for the adulteration.

One retailer and one manufacturer were cited for violation of the Pure Foods Act in that the product, labeled "100 per cent Pure Lemon Juice," contained one-half water and added citric acid.

The retailer claimed that he did not tamper with the bottle, and the manufacturer stated that it was made of pure lemon juice.

However, another sample of the manufacturer's product taken at a different place showed the identical analysis of that taken at the original retailer, which proved to our satisfaction that the manufacturer was responsible for the adulteration.

Ten Planks in a Platform.—The members of the Maternal Welfare Committee of the New York State Medical Society recently sat around a table in Rochester for their third annual meeting and drew up suggestions to help county medical societies in the state provide safe care for mothers.

The ten suggestions, as reported in the *State Journal of Medicine,* are as follows:

1. More emphasis should be placed on adequate rather than on minimum standards of prenatal care.
2. Greater attention should be given to eugenics rather than to birth control.
3. Every county medical society should include in its postgraduate instruction for doctors "refresher" courses in obstetrics.
4. The study of maternal deaths should be continued to determine preventability, with a committee meeting regularly.
5. A physicians' speakers' service should be organized for lay groups.
6. In each county of the state a large public meeting should be held to bring to the attention of everyone the need for saving the lives of mothers and babies.
7. Greater emphasis should be placed on the value of a routine Wassermann test for syphilis for every prospective mother immediately after a diagnosis for pregnancy is made.
8. The coöperation of all interested agencies in the community should be enlisted.
9. The interest of women should be secured, particularly such groups as the Woman's Auxiliary of the County Medical Society.
10. The assistance of the Maternity Center Association should be sought.

National Tuberculosis Association. — Dr. Cameron St. C. Guild of the National Tuberculosis Association will be one of the visiting lecturers on public health at the University of California from January 16 to February 19. Doctor Guild, who is secretary of the Committee on Tuberculosis Among Negroes of the National Tuberculosis Association, will lecture on rural health administration.

Federal Grants Totaling $16,318,640 for Public Assistance in Eighteen States Announced.—The amount of the grant for each form of assistance, the total federal funds allotted and the estimated number of individuals being aided under the various California programs during January, are shown in the following table:

State	Aid to	Estimated Number of Recipients	Grant	Total Federal Funds Allotted to State
California	Aged	95,000	$4,894,975.55	$5,540,429.83
	Blind	5,300	261,088.98	
	Children	28,000	384,365.30	

Association of Western Hospitals' Twelfth Annual Convention.—A gathering of equal moment to medical men and hospital authorities alike will take place in San Francisco at the Fairmont Hotel on February 28 and March 1, 2, and 3. It will be the twelfth annual convention of the Association of Western Hospitals and the western conference of the Catholic Hospital Association, meeting jointlty. At least two thousand delegates are expected from all of the eleven western states.

Of prime interest to medical men will be the appearance of Dr. Malcolm T. MacEachern, head of the hospital section of the American College of Surgeons; Dr. J. C. Geiger, Health Officer of San Francisco; and other leaders of national, state, and county medical associations.

The outstanding theme of the conventions will be hospital costs, which certainly concern the doctor as closely as they do the hospital. Group hospitalization, the establishment of colonies for both alcoholics and epileptics, a cancer clinic, and the problems of hospital personnel, will be other outstanding topics.

Medical men generally are cordially and earnestly invited to attend the sessions of the convention, and particularly the showing of the exhibits of hospital appliances which this year promise to be greater than ever before.

This is the annual meeting of some 1,500 hospitals in the West to discuss their common problems and their common needs.

Faith in Radiation May Hinder Cancer Treatment.—Despite the great strides that have been made in treating cancer with irradiation, early diagnosis and prompt surgery are still the most effective weapons which medical science can employ in combating this disease.

This view was expressed recently by Dr. Frank Hinman, clinical professor of urology at the University of California Medical School, in pointing out that faith in the success of radium and x-ray treatment has led to many failures in the treatment of cancer and caused some physicians to lose sight of the value of early treatment and surgery.

Doctor Hinman pointed out that irradiation has replaced surgery in the treatment of certain forms of cancer. In these cases early diagnosis, which means recognizing the cancer before it has time to spread throughout the body, while extremely important, is not as essential as when surgery is required.

Nevertheless, with the exception of a few radio-curable cancers, mortality from this disease remains about as high as ever. Doctor Hinman attributes this to the fact that success with irradiation has lowered efficiency in dealing with radio-resistant forms of cancer. Early diagnosis is made no more frequently and acted upon less promptly than in the days before irradiation seized the medical fancy. These two factors, believes Doctor Hinman, explain many failures in cancer treatment.

Until the cause for cancer is determined and a specific cure found, he says, physicians should stick to the slogan, "Early diagnosis and prompt surgery." — *University of California Bulletin*, January 4, 1938.

Know the Truth—Save Our Youth.—The American Social Hygiene Association, of which Dr. William F. Snow, one time Director of the California State Board of Public Health, is now the executive officer, recently printed the following:

"Of the half-million new cases of syphilis which come to physicians and clinics for treatment each year, one in five is found among youngsters under twenty years of age.

"More amazing, perhaps, is the fact that half of all new syphilis infections are contracted by individuals between twenty and thirty years of age. Yet this age group represents only one-sixth of the total population.

"Dr. Ray Lyman Wilbur, President of the American Social Hygiene Association, said recently: 'The real perils in America today are alcohol and gasoline on the highway and the gonococcus and spirochete in the byway,' and, he added, 'syphilis and gonorrhea are certainly among the greatest menaces to boys and girls.'

"Young people are learning the truth about these diseases and are accepting the challenge to fight these foes of health and happiness. Parents, youth leaders, social hygiene agencies, and health authorities see the tremendous opportunities, backed by an awakened public opinion, for successfully attacking the enemy."

Severe Heart Pain Due to Obesity in Many Cases.—Severe and sometimes disabling chest pains which resemble the symptoms of angina pectoris may be traced in many instances to the patient's excessively overweight condition, according to Dr. William J. Kerr, professor of medicine in the University of California Medical School.

Speaking before the eighth annual postgraduate symposium on heart disease held in San Francisco recently, Doctor Kerr revealed that the University Medical School has obtained excellent results in treating overweight sufferers from chest pain, breathlessness and low blood pressure.

The pain, similar to that of angina pectoris in this condition, is presumed to be due to an insufficient supply of oxygen to the muscles of the heart. Doctor Kerr believes, on the basis of personal observation of a large number of patients, that the chief and precipitating causes of the pain lie outside the heart itself. He lays the blame on conditions which prevent the heart from filling with an adequate amount of oxygen carrying blood. Extreme obesity, and resultant abnormal posture is one of these conditions, he says.

At the University Medical School, overweight patients have been put on a special diet designed to reduce the weight to normal, and properly fitted abdominal belts have been applied. Later, postural exercises have been prescribed. In every case in which this has been done, the attacks of pain have been relieved.

The reason for this cessation of pain cannot be listed categorically, according to Doctor Kerr. However, he believes that it is due to the restoration of the normal position and movements of the diaphragm, the change in pressure within the abdomen and chest, and the increased freedom of motion enjoyed by the chest in breathing. All these factors apparently combine to aid the heart in filling itself with an adequate supply of blood.

Press Clippings.—Some news items from the lay press follow:

New Method Found in Disease War

Infantile Paralysis Progress Reported at Stanford

One more step has been taken by science in the effort to prevent infantile paralysis by applying zinc sulphate to the olfactory nerve.

Two Stanford University scientists, Dr. E. W. Schultz and Bacteriologist L. P. Gebhardt, continuing their researches, have developed a means to apply the zinc sulphate by a convenient technique, using droppers instead of the difficult spraying method heretofore employed.

Doctor Schultz warned the development represented progress and not achievement of a goal. Further tests will be carried on with funds raised, in part, through President Roosevelt's annual birthday ball, January 30.—*San Francisco Examiner*, January 13, 1938.

Snake Bite

We have always had a high regard for the California Medical Association, but we confess that our enthusiasm has somewhat cooled. With an utter disregard for one of our cherished traditions, it has announced publicly and flagrantly that for snake bite while on vacation one should take no alcoholic stimulants whatever. We may as well have no snakes, no vacations, or nothin'. — *Clearwater Journal* (Hynes, California), December 9, 1937.

* * *

Dramatizing Health

Borrowing a leaf from the Chinese, American public health officials are striving more and more to keep people from getting sick, rather than treating them after they do. Both the San Francisco and the New York World Fairs will illustrate this trend most graphically. The whole field of disease will be dramatized at the health show featuring the New York Exposition.

Fair leaders have recognized that health is the most important topic in the world. They will present in striking form mankind's war on cancer, tuberculosis, heart disease, and half a hundred other major scourges. Science's strides in battling these death-dealing forces will be shown. Methods of research and experiment will be explained.

Visitors will be able to learn for themselves many simple steps which they themselves, as laymen, can use in combating the menaces.

A human figure eighteen feet high, the heart beats of which can be heard all over the building, will feature one display. This transparent figure will be an object lesson in physiological perfection, to be used in conjunction with the other displays.

This idea of familiarizing the public with the fundamentals of health undoubtedly will spread. Dramatization of the problem will make the ultimate conquest of disease easier.—Editorial, *Los Angeles Times*, January. 10, 1938.

* * *

United States Medical Group Seeking Free Aid for Nation's Poor

Chicago, Jan. 12.—(INS)—Plans to provide adequate free medical service for the poor throughout the United States were announced tonight by the American Medical Association.

An editorial in the Journal of the American Medical Association said that "an attempt will be made to apply on a nation-wide scale the best features of the plans already in effect, utilizing in each county the fullest extent of the services there available."

The new program is to provide under the leadership of the county or other medical societies a medical service "for the indigent and those partially able to pay."

* * *

Collection Bureau: Orange County, California

(From Medical Economics, January, 1938)

To the Editors of Medical Economics:—An article published by Medical Economics [January issue, 1935, page 18] about a coöperative collection agency established by doctors in New Orleans caught the attention of a group of doctors here in Orange County, Cal.

In April, 1935, a committee appointed by the local medical association, organized and incorporated the Orange County Medical Bureau.. Each doctor who signed as a member was assessed $10. I was put in as manager with one girl as assistant. We opened an office, and the doctors sent in about 1,500 accounts as a starter. By May 15 we were off.

Four months later we had lifted ourselves out of the red. We have gone ahead consistently ever since. Our equipment is entirely paid for; we have no debts; our employees have increased from two to five; and everything looks promising for the future.

Thought you'd like to know.

Robert Speed, Manager
Orange County (Cal.)
Medical Bureau.

* * *

Harkness Makes $8,000,000 Gift

His Two Donations Go to Commonwealth Fund

Edward S. Harkness has made two gifts totaling $8,000,000 to the Commonwealth Fund, of which he is president, it is revealed in the 1937 report of the organization.

Although the donations were made primarily for general philanthropic purposes, temporarily the income from $3,000,000 will go toward the development of rural hospitals, and from the remaining $5,000,000 for medical research and education.

During the year ended in September, grants of about $1,800,000 were made from the current income, the report revealed.

The chief uses of this outlay were for the provision of country community hospitals, the encouragement of public health services in rural districts, the improvement of medical teaching, research, and professional education.

In all, 74 per cent of the fund's total appropriations for last year went for such projects.

The two latest donations of Mr. Harkness now bring the endowment of the fund, which was set up by Mrs. Stephen V. Harkness, to more than $50,000,000.—*New York Sun*, January 8, 1938.

* * *

Politicians on the Spot

Warners are at work upon another picture that will expose the nefarious doings of politicians. The new one will be called "County Hospital," and will show how the politicians bring about deplorable conditions in the public institution. No cast has been chosen, as the story is only now in the first stages of preparation, but a big star cast is planned for the picture. The story is one inspired by recent local headlines. — *Hollywood Citizen-News*, December 23, 1937.

* * *

Nation-Wide Paralysis Group Forms

Drive for Founders of New United States Foundation Will Open January 17; Members, Funds Sought

New York, Jan. 9. — (INS) — Marking America's first nation-wide fight against the "maiming death," a drive for founders of the new National Foundation for Infantile Paralysis will be launched January 17, it was disclosed tonight.

The drive will augment the thousands of celebrations Saturday, January 29, in honor of the President's birthday, Chairman Keith Morgan of the Executive Committee announced.

Those who join the new permanent organization will be enrolled as "founders." Morgan said. Certificates will cost $1 each. The enrollment will continue from January 17 through Saturday, January 29.

President Roosevelt will be founder No. 1. While no goal has been set, the committee hopes to enroll at least two million.—*Los Angeles Examiner*, January 10, 1938.

* * *

Plan New University of Southern California Medical School

Alumni Asked to Aid Drive at Meet

Construction by the University of Southern California of a new modern medical school near the General Hospital. That is the aim today of Dr. Paul McKibben, dean of the medical school, and faculty members. The project has the support of Dr. R. B. von KleinSmid, president of the university.

Disclosure of the plan, as yet only in the stage of discussion, was made by Doctor McKibben at the annual dinner of the Medical Alumni Association of the University of Southern California in the Los Angeles County Medical Association.

Must Have New School

"We should have such a new building in keeping with the high standing of the medical school of the university," Doctor McKibben said. "And we want the alumni to help in realizing this dream."

A few minutes later Doctor von KleinSmid, in addressing the alumni on international conditions, prefaced his talk with the declaration:

"We must have a new medical building. We will have it."

Dean McKibben cited as an instance of the high standing of the scholarship of the medical school the fact that in recent years not a single graduate has failed in examinations before the State Board of Medical Examiners.

"We need the help of the alumni in our building program and to keep the school where it is—at the top," he added.

The banquet was one of the best attended in years. Dr. H. B. Tebbetts, president of the alumni, presided. In addition to Dean McKibben and Doctor von KleinSmid, addresses were made by Dr. Frank F. Barham, publisher of The Evening Herald and Express, an alumnus, class '05, and Dr. George Kress, president of the Los Angeles County Medical Association, who had long been associated with the medical school.

A reverent silence pervaded the room when Doctor Kress asked that a toast be drunk in honor of the founder of the school, Dr. Joseph Pomeroy Widney, physician, author, soldier, scholar, and statesman, who will celebrate his ninety-sixth birthday December 26.

"This grand old man is now blind, but his mind is still alive with the fire of his youth. He is still dictating books. Only last year his latest was published—not for profit, but for the benefit of mankind. Let us drink a toast in his honor."

Then Doctor Kress read the minutes of the first meeting of physicians who had gathered to organize the medical school way back in the early eighties. Included in the list were men who had become famous in the medical annals of California and also of the nation. Doctor Kress recounted that the first class to graduate numbered eight.

Doctor von KleinSmid spoke also on foreign affairs.

"We as a nation are the strongest in the world," Doctor von KleinSmid said. "We have 50 per cent of the currency wealth in the world. We are almost self-sufficient. We are no longer isolated, no matter how much we may wish to be."

For Anglo Alliance

An alliance between the United States and the English-speaking world is the hope for the preservation of democratic civilization, he asserted.

Election of officers of the Medical Alumni Association was a part of the evening's program. Dr. Harold R. Witherbee was elected president; Dr. Pierre Viole, vice-president; Dr. Anton Laubersheimer, secretary; and Dr. Alonzo Y. Olsen, treasurer.—*Los Angeles Herald-Express.*

* * *

Southern California Joins War on Infantile Paralysis

Southern California today was lined up to do its share in a nation-wide drive to raise $12,000,000 to fight infantile paralysis in 1938, following a luncheon yesterday of civic leaders, public officials, motion-picture executives and representatives of the clergy, at which hearty support was pledged to the movement.

Instead of confining the fund-raising to a general ball on January 29, birthday of President Roosevelt, as has been done in the past, efforts will be made to obtain small amounts from everyone interested in the humanitarian work, it was explained by Louis B. Mayer, principal speaker.

Each place where public dancing is conducted will be asked to donate 25 per cent of its receipts on the night of the 29th, emphasizing the slogan, "Dance with the President." A "parade of dimes" also will be sought from individual contributors.

"By these means we expect to increase the operating funds of the Warm Springs Foundation, now known as the National Infantile Foundation, from $1,000,000 to $12,000,000 annually," Mayer said.

A telegram was read from Joseph M. Schenck, regional chairman of the foundation, declaring that the nation looks to Southern California to point the way in the drive.

George Jessel, radio and screen comedian, was toastmaster. Others taking part or at the guest table included the following:

Dr. Harlan Shoemaker, Los Angeles, chairman of the drive; Justus Craemer, State Building and Loan Commissioner, who, representing Governor Merriam, declared the week of January 24 had been proclaimed "National Infantile Paralysis Week" for California; Monsignor Thomas O'Dwyer, representing Archbishop John J. Cantwell; Rabbi Edgar F. Magnin; Episcopal Bishop W. Bertrand Stevens, J. M. Ruben, Metro-Goldwyn-Mayer vice-president; Sheriff Eugene Biscailuz; Roy Becker, President of the Board of Education, who spoke for the full complement of board members present; Vierling Kersey, Superintendent of City Schools; County Supervisor Roger Jessup; City Health Officer Dr. George Parrish; Chief of Police James E. Davis; Walter J. Braunschweiger, Chamber of Commerce past president; and numerous campaign chairmen for Southern California counties.—*Los Angeles Herald-Express,* January 5, 1938.

* * *

Doctor Explains How He Restored Victim's Memory*

Miracle Man?

Dr. ———, Redwood City chiropractor, aided in restoring the memory of a man who says he is James Saunders of Ohio.

Although Dr. ———, Redwood City chiropractor, whose remarkable achievement in restoring the memory of Jimmy Saunders, amnesia victim, today, would deny he is a "miracle man," observers who watched the amazing results of the doctor's work held otherwise.

To Dr. ——— the task was simple. Each year, he said, he returns for summer work at the Palmer School of Chiropractry in Davenport, Iowa, where he keeps up on the latest developments in his profession.

He explained that all cases of loss of memory are due to spinal displacements which cause vertebrae to press upon the spinal cord.

In Saunders' case, Dr. ——— declared, the atlas bone, uppermost vertebra in the spinal column, was out of joint slightly forward and to the left.

This he detected by use of a newly developed instrument known as the "neurocalometer," which consists of a calibrated dial and an indicating needle. Pressed against the back along the spinal column, this instrument locates "hot spots," where nerves have been placed under a strain, the doctor stated.

X-rays taken also indicated the maladjustment.

To correct the trouble and bring back Saunders' memory, Dr. ——— merely "tapped" the misplaced bone back into its correct location, releasing the pressure on the spinal cord.

Such a maladjustment as that from which Saunders suffered may have been caused by an accident, jar, or even a strain, the doctor said.—*Redwood City Press.*

* * *

Pasadena Stray Dogs Face Death by Bullet*

Pasadena officials today put into effect a drastic dog-regulation ordinance which:

Gave police officers authority to shoot on sight any stray dog.

Forbade people walking their pets on the street even on leashes.

Permitted dogs to ride only in closed automobiles.

And fixed a penalty of $500 fine or six months in jail for any owner violating these mandates.

The ordinance was passed by the Board of City Directors after a stormy meeting as an anti-rabies measure.

Charges that "the rabies scare began with the reappointment of a city health officer in Los Angeles under whose former administration rabies scares were common" were contained in a letter of protest from Harold Weight of 110 North Mentor Avenue.—*Los Angeles Herald-Express.*

* * *

Daylight Ban Set on Dogs

But Pasadena Council Will Permit Owners to "Walk 'Em" at Night

Pasadena, Jan. 18.—Pasadenans may "walk their dogs" by moonlight or starlight, but it will continue to be illegal to exercise them by sunlight, the Board of City Directors decreed today.

Following a stormy and frequently amusing public meeting in the City Hall, the Directors unanimously gave first reading to an amended emergency rabies quarantine license. Effective tomorrow, the much-amended ordinance now gives dog owners the right to exercise their pets on leash between 7 p. m. and 7 a. m.

Beware of Crowds

But leashes must not be more than five feet in length, the dogs must not approach a crowd or come closer than five feet to any public buildings, especially markets, and must be kept out of all city parks.

The session was enlivened when G. L. Kelley of East Pasadena suggested that now that the Colorado Street bridge has been fenced on both sides to prevent suicides of humans, it would be a good idea to fence it at both ends for the benefit of dogs. It would solve the whole problem, he declared, if the bridge were completely enclosed to house this city's 5,000 canines.

"Seeing Eye" Problem

Although city officials previously decided to "wink" at possible infractions of the ordinance by owners of "seeing eye" dogs, the question again was raised by C. L. Lilley, spokesman for a dog owners' committee.

The prize letter read at the meeting was from Mrs. M. M. Hammond of Monrovia. "I certainly wouldn't like a member of the Pasadena board to bite my dog," read the letter in part.

Hilarious Side

That there is a serious as well as hilarious side to the rabies quarantine was disclosed by the report that Dr. Roger W. Barnes of 4804 Hillard Avenue, La Canada, has been forced to take a double Pasteur treatment after being bitten by a rabid chow dog last Sunday. At the time of the attack the Los Angeles physician assertedly was walk-

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* This Redwood City press item was transmitted as an enclosure to the letter which follows:

Redwood City, California.

To the Editor of California and Western Medicine:—"Can any good thing come out of Nazareth?" Lest you may not have had the full account of the advances in scientific medicine as developed in our town of Redwood, I am enclosing a clipping from the local paper.

To have completed the cure, the cultists might well have manipulated the victim's "crazy bone"—but, possibly, he was not as crazy as appeared and, having had recognition or finding that his present condition was not better than when he left his home (he was in the county jail), he may have decided that he could venture back to sanity.

Yours truly,

———

* Editor's Note.—This series of items regarding rabies is printed to show the trend of lay opinion.

ing with his own great Dane and his small terrier. The chow, which later killed four other dogs, picked up Doctor Barnes's terrier and raced away with it.

The rabies situation as it affects Los Angeles County was clarified today by Dr. Wilton Halverson, city health officer. He explained that although he feels the problem ultimately must be solved by vaccination of every dog, there is a present necessity for rigid quarantine.—*Los Angeles Times*, January 19, 1938.

* * *

Pasadena Frees Dogs Twenty-Four Hours Daily

Pasadena dog owners, crowding into the chambers of the City Directors to protest the drastic anti-rabies ordinance which made their pets virtual prisoners, won a concession today when the directors amended the ordinance to allow dogs to be out twenty-four hours a day, provided they are kept on leashes not more than five feet in length.

The ordinance as first passed forbade dogs to be out at any time under any circumstances. The measure brought a storm of protest, and an amendment allowing the dogs out on leash between 7 p. m. and 7 a. m. was passed.

The protest continued until today's amendment was passed. It will be adopted formally by the board in its second reading Tuesday.

The amendment was passed after Attorney Rollin McNitt and Carleton Lilley, representing dog owners, spoke from the floor, advocating it. Upon its adoption the board asked all the forty spectators who were "satisfied" to rise, and attendants reported every man and woman stood up.

The amendment prohibits the dogs from being taken within five feet "of any public building, store, place of amusement or park where people congregate."

A mass meeting will be held in Altadena tomorrow evening, January 21, at 8 o'clock, in Elliott Junior High School on Lake Street, for the purpose of protesting the drastic dog ordinance in effect at Altadena, which is even more drastic than that in Pasadena. The meeting is being called by citizens of Altadena. Frank Foster Davis of Altadena is chairman of the committee for the mass meeting. Distinguished speakers will be present.—*Los Angeles Herald-Express*, January 20, 1938.

* * *

Pasadena Acts to End Rabies Scare

Pasadena, Jan. 20.—Alarmed at the prospective loss of Eastern winter tourists, Pasadena's Board of City Directors acted quickly yesterday to minimize the city's rabies scare.

Board members cast a first vote on an emergency amendment to the city's drastic dog-control ordinance, and if the amendment is adopted on second reading next Tuesday, Pasadena canines once more will be permitted on the streets if held on leashes.

Just as quickly, Pasadena health department officials thumbed through old records to show that the present wave of rabies is not serious after all. They pointed out that while the city scored thirty-five cases of proved rabies in 1937, as compared with thirteen cases each in 1935 and 1936, there have been far more severe "epidemics"—such as in 1931, with thirty-nine proved cases, and in 1928, with forty-one cases.

The present ordinance, which placed all Pasadena dogs under "shotgun quarantine"—to be shot dead if sighted on any street—brought a shout of protest from dog lovers, who declared that the quarantine would work such a hardship upon both pets and their owners that many dogs would have to be exterminated.

Frank Foster Davis of Altadena announced that he would hold a mass meeting in Elliott School Auditorium tonight to propose the drafting of a dog-on-leash quarantine similar to the Pasadena amendment.—*Los Angeles Examiner*, January 21, 1938.

* * *

California Social Welfare Department

Mrs. Splivalo Witness in Personnel Hearing

Dismissal of several employees of the State Social Welfare Department was urged by Governor Frank Merriam, according to testimony before the State Personnel Board during the hearing on the petition of Miss Kathleen McLaren, former employee of the department, who seeks reinstatement and payment of $200 a month back salary since December, 1934.

Called as a witness on behalf of Miss McLaren, Rheba Crawford Splivalo, Los Angeles Evangelist and former director of the State Social Welfare Department, said that, following Governor Merriam's election, her resignation was asked, that she resigned on December 13, 1934, that Mrs. Florence Turner was named as her successor the next day and that Miss McLaren and several other employees of the department were removed.

The Evangelist commended Miss McLaren as a capable and efficient worker, who had served the Welfare Department for three years and previously had been in the finance department.

Mrs. Florence Turner, also testifying, told the board that the governor had told her to clean out the department and that on January 18, 1935, she accompanied members of the Social Welfare Board to the governor and he again told them to fire several persons.

This afternoon the board took up recommendations of its executive officer for a general revision of the state civil service classification which would involve an additional expenditure of $760,000 annually in salaries to state employees. Half of this amount would go to employees now receiving less than $100 a month, Fred B. Wood, chairman of the board, stated.—*Los Angeles Examiner*, January 21, 1938.

* * *

Sinclair Lewis Here; Assails Propaganda

Lively as a cricket, a tall scholarly man with red hair skipped from subject to subject in conversation like a water bug across the surface of a pond.

It was novelist and Nobel prize winner Sinclair Lewis talking at the Biltmore Hotel after his arrival here from Chicago by Santa Fe train to lecture on "Propaganda and Poppycock" tomorrow night at the Shrine Auditorium.

"Everything but science, religion, and sex are standardized in America," said Lewis as he crossed his elegantly silk-sheathed ankles.

"This is the result of the mass thinking that is spread to millions through the radio, movies, and press.

"All that would be necessary for a dictator to end democracy would be to control the media that already are ending individuality in America.

"Since we are all coming to think and talk alike, all that is necessary is to get us to thinking a dictator would be a good idea." . . .

Skipping back to propaganda, Lewis said:

"These propaganda forces are standardizing American thought and may make the nation susceptible to anti-democratic forces, singularly enough, by using the very scientific marvels that pioneer American individuality and initiative produced. . . .

"The syndicated writers are among the most effective propagandists, for they influence millions of readers, and for that reason the quality of their writings ought to be increased tremendously." . . .—*Los Angeles Herald-Express*, January 19, 1938.

LETTERS

Concerning Woman's Auxiliary to the California Medical Association.

WOMAN'S AUXILIARY
TO THE
CALIFORNIA MEDICAL ASSOCIATION

Oakland, California,
January 20, 1938.

To the Editor:—May I take this opportunity to thank you so very much for the splendid editorial appearing in the January issue of CALIFORNIA AND WESTERN MEDICINE pertaining to the Woman's Auxiliary and our publication, *The Courier*. Nothing so spurs our membership on toward fulfilling aims and purposes of organization as an encouraging message from our parent body—the California Medical Association. Your editorial will indeed do this and will be an inspiration to all of us.

It is our aim to be informed and ready to aid in every way the cause of organized medicine, and thus justify our existence and your confidence in us as an Auxiliary.

1137 Mandana Boulevard.

Very truly yours,
MRS. HOBART ROGERS, *President*.

Concerning January editorial: Woman's Auxiliary to the California Medical Association.

WOMAN'S AUXILIARY
TO THE
CALIFORNIA MEDICAL ASSOCIATION

San Francisco,
January 22, 1938.

To the Editor:—May I take a moment of your time to tell you how very much I appreciate the very splendid

editorial that appeared in the January issue of CALIFORNIA AND WESTERN MEDICINE regarding the Woman's Auxiliary to the California Medical Association. Your article will, I believe, bring about the desire and aim of those interested in that organization—a membership that will include every doctor's wife!

You mention a supplement to CALIFORNIA AND WESTERN MEDICINE. In letters exchanged between the National Chairman of Publicity and myself, we have discussed at length that very point. Now that you have mentioned it and approved of it, something will probably be done. The Auxiliary will be grateful for the deep interest you have shown.

3880 Clay Street.

Very sincerely yours,
MRS. FRED H. ZUMWALT.

Concerning article on Medical Care in San Francisco.

To the Editor:—With reference to the story that appeared in the San Francisco *News* as to the so-called "Dodd Report of a Survey on Lack of Medical Care," may I state that the source of this interview and the reason therefor are as follows:

I was called on the telephone early in the morning by a special writer of the San Francisco *News* with reference to certain statements in which Doctor Dodd was quoted. I vehemently denied the lack of medical care in San Francisco as quoted by him. Likewise, I charged Doctor Dodd with a lack of any great amount of knowledge as to medical practice or medical problems here. I stated most sincerely (which, however, was not used) that the statements as to lack of public health training by the members of the State Board of Health were entirely incorrect, as these members knew more public health than many men who supposedly were trained in public health and consequently they did not need the training. . . .

Director of Public Health,
City and County of San Francisco.

Sincerely,
J. C. GEIGER, M.D., *Director.*

Concerning the sixty-eighth annual meeting of the California State Dental Association, Stockton.

To the Editor:—We would like the members of the California Medical Association to know that the California State Dental Association is holding its annual meeting at Stockton, California, on April 4, 5, and 6, 1938.

We are having as guest speakers, C. Augustus de Vere of New York City; Thomas Mullen, M.D., Albert Davis, M.D., D.D.S., J. B. S. Saunders, M.D., all of San Francisco; and Hermann Becks M.D., D.D.S., University of California.

These clinicians, as well as work being done in public health matters, should be of interest. Admission by presentation of membership card of the California Medical Association.

1003 Medico-Dental Building,
Stockton.

Very truly yours
C. E. STABLER, D.D.S.,
General Chairman, California State Dental Convention.

Concerning donation to Lane Medical Library.

STANFORD UNIVERSITY SCHOOL OF MEDICINE
San Francisco, California,
December 22, 1937.

To the Secretary:—Thank you indeed for your letter of December 20 and the enclosed check for $119, which is the balance of the 1937 contribution from the California Medical Association to the Lane Medical Library. I have turned this check over to President Wilbur of Stanford University.

Once again I am pleased to acknowledge the receipt of such contributions and express our thanks and gratitude to the California Medical Association for this continued support. I hope you know how much good is done to members of the medical profession, not only in the Bay region but all over the State, by this support. It is wonderful and really rounds out our program and permits us to do a great deal of reference work and send books to doctors that otherwise we would be unable to do.

Very truly yours,
L. R. CHANDLER, M.D., *Dean.*

Concerning the American Physicians' Art Association Exhibition in San Francisco.

San Francisco,
January 2, 1938.

To the Editor:—Will you kindly run the following announcement in your valued journal so that doctor-artists may be made cognizant of this exhibition.

Respectfully yours,
F. H. REDEWILL, M.D.

* * *

Announcement

The American Physicians' Art Association, a national organization of medical men who have ability in the fine arts, will hold a first national exhibition in the San Francisco Museum of Art, San Francisco, California, in June, 1938. (The American Medical Association convention is June 13-17 in the same city.) The American Physicians' Art Association already has an outstanding membership. There are three classifications for membership: active, associate, and contributing. The first annual exhibition promises to be of unusual interest, with entries to be accepted (after jury selection) in the following classifications: oils, watercolors, sculpture, photography, pastels, etchings, crayon and pen and ink drawings (including cartoons), wood carvings, and book bindings. Scientific medical art work will not be accepted. The exhibition is not limited to first showings. All entries close April 1, 1938. Any physician interested should communicate at once with the Secretary of the American Physicians' Art Association, Suite 521-536 Flood Building, San Francisco.

Concerning Christmas Seal articles: Letter of Appreciation.

December 29, 1937.

To the Editor:—Thank you so much for sending us the copy of your magazine with its notice of our 1937 Christmas Seal sale. This contribution will be a great help to our campaign and we appreciate your splendid coöperation.

50 West Fiftieth Street,
New York City.

Cordially yours,
ELIZABETH COLE,
Assistant Publicity Director.

Concerning the third annual Postgraduate Course, Portland, Oregon.

To the Editor:—We would like to call your attention to the third annual Postgraduate Course in Ophthalmology and Oto-Laryngology, which will be held in Portland, Oregon, April 3 to 9, 1938. This course is sponsored jointly by the Oregon Academy of Ophthalmology and Oto-Laryngology and the University of Oregon Medical School. The course is primarily intended for those in special practice.

Our guest teachers this year are Dr. A. C. Furstenberg and Dr. Sanford Gifford. The mornings will be dedicated to programmed papers by our guests. There will be a round-table luncheon each noon hour, with question box. The afternoon sessions will be held at the out-patient clinic of the Medical School, and in the evenings Dr. Olof Larsell, professor of anatomy at the school, will demonstrate the surgical anatomy of the head and neck. There are several other features in the formative stage which will be announced later in the preliminary program. Copies of this program may be secured by writing Dr. Paul Bailey, 929 Medical-Dental Building, Portland, Oregon.

Sincerely yours,
PAUL BAILEY, *Secretary.*

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

May a Physician Refuse to Give Expert Testimony Unless First Paid a Reasonable Compensation?

The Supreme Court of Kansas in a recent decision, *Swope* vs. *State*, 67 Pac. (2d) 416, has answered the above question in the negative. In that case a physician specializing in radiology, who had taken roentgenograms of the plaintiff's injured arm at the request of the defendant, Safeway Cab Transport and Storage Company, refused to testify on behalf of the plaintiff or to produce his roentgenograms unless paid the customary expert witness fee of $25. The Court directed him to take the witness-stand and he was asked to produce the roentgenograms. He refused, and likewise refused to testify unless first paid his fee. The Court thereupon found him guilty of contempt, fined him and ordered him committed to jail until the fine was paid. The physician then applied for a writ of habeas corpus, and when his application for the writ was denied he appealed to the Kansas Supreme Court. The Court's opinion is summarized as follows in the *Journal of the American Medical Association*, issue of December 25, 1937, at page 2166:

The question, said the Supreme Court, whether an expert witness may be compelled to testify if special compensation has not been paid him, has been considered in many cases. In some of the states there are statutory provisions which permit the trial court to fix such compensation. There is no such statute in Kansas. The general rule as to compelling an expert witness to testify is stated in 70 C. J. 75, as follows:

"The more general rule is that, apart from statute, an expert witness may be compelled to testify as to matters of a professional opinion, or matters to which he has gained a special knowledge by reason of his professional training or experience, without any compensation other than the fee of an ordinary witness, and his refusal to testify unless paid an extra compensation may be punished as contempt."

The present case, the court said, does not present a situation where the witness, at the suggestion of the party calling him, did anything by way of preparation to testify, neither does it present any situation where there was any attempt to compel him by any order of court to prepare himself to testify. The professional services of the witness were rendered at the request and cost of a person other than the one calling him to testify. It was contended that Doctor Swope refused to produce the roentgenograms which the subpoena had compelled him to bring because he anticipated that he would be asked to express his professional opinion based on them. Assuming that to be true, the court said, Doctor Swope was not warranted in refusing to produce the roentgenograms, nor would he have been warranted in refusing to answer questions based thereon.

There are experts of many kinds, professional as well as lay. Many men are experts in certain lines of endeavor. If physicians, dentists, lawyers, and engineers may refuse to testify concerning matters on which they may have opinions due to their respective trainings, simply because special fees have not been paid them, then a person qualifying as an expert shoe repairer may not be compelled to state what was the matter with shoes he repaired unless a special fee is paid him. It can readily be seen, the court said, that such a situation would be intolerable. It would tend to permit those who could afford it to produce witnesses whose testimony might be said to be expert and would prevent those without requisite means of the benefit of such testimony. We are not referring, the court said, to that class of cases where special preparation is required as a condition precedent to testifying, but to those where the witness is interrogated as to facts and opinions which he knows and has without such special preparation. In the absence of a statute authorizing the trial court to fix expert witness fees, or permitting the witness to refuse to testify until a stipulated fee has been paid, the court was not disposed to hold that a witness claiming to be an expert called on to give expert testimony may refuse to testify unless his demands have been met.

The court concluded, therefore, that the witness was not justified in his refusal to produce the roentgenograms and to testify, and the judgment of the trial court denying the application for a writ of habeas corpus was affirmed.

On one point, viz., the matter of forcing a radiologist to produce his roentgenograms in court by means of a subpoena, the Kansas decision is contrary to the Michigan case reviewed in CALIFORNIA AND WESTERN MEDICINE, December, 1937, at page 432. The Michigan court held that the radiologist *owned* the x-ray negatives and, therefore, could *not* be forced to surrender possession of them. The Michigan decision represents the sounder logic and should have been followed in Kansas.

The decision of the Supreme Court of Kansas once again focuses attention upon the importance of securing legislation in California under which physicians would be protected in situations of the kind confronting the Kansas physician who refused to testify. The writer has long recognized the need for legislation along this line and, at the risk of repetition, quotes from his report on the State legislative session of 1937 addressed to the Council of the California Medical Association:

BILL RELATING TO COMPENSATION FOR EXPERT TESTIMONY (S. B. 446)

For several years last past individual members of the Association have been forced to render opinion evidence on behalf of a litigant in a legal proceeding and have not been able to secure any compensation other than the ordinary $2 witness fee for their services. This situation has been made possible by the fact that there is neither a statute nor judicial decision in this state requiring that a party to an action at law desiring opinion evidence of an expert must pay a reasonable fee for such professional services. In a number of states, courts have held that if a physician gives opinion evidence on behalf of a litigant without being first paid therefor, he cannot thereafter maintain an action to recover a fee for his services. In order that this rule might not become law in California, we prepared, after receiving authorization of the Council, a bill to be introduced in the legislature providing, in effect, that physicians (1) could not be required to give opinion evidence without first receiving a reasonable compensation therefor, and (2) if a physician did give opinion evidence without first being compensated therefor, he could later maintain an action to recover a reasonable fee for his services. The bill as drafted applied to all experts, including engineers, attorneys, dentists, criminologists, and many others, as well as physicians.

The bill was introduced by Senator McGovern as Senate Bill 446. It was not opposed in the legislature, and, due chiefly to the efforts of Senator McGovern and Doctor Harris, it was passed by both Houses, but through a misunderstanding it was not signed.

If a statute identical with or similar to Senate Bill 446, introduced by Senator McGovern at the 1937 session of the legislature, could be enacted, it would effectively prevent any possibility of the free use by litigants in civil cases of the personal knowledge of physicians and other experts.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, containing copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

SPECIAL ARTICLES

CLINICAL LABORATORY LAW IS CONSTITUTIONAL*

The Attorney-General was asked for an opinion relative to the constitutionality of the new Clinical Laboratory Act, Chapter 804, Statutes of 1937, which is, in effect, a revision of the Clinical Laboratory Law of 1935 which he declared unconstitutional. In his opinion, the Attorney-General states that the 1937 Act is constitutional. The opinion reads:

To reach this conclusion, a review of the Act is required. The chapter referred to went into effect on the twenty-seventh day of August, 1937, and is operative as to clinical laboratory technologists and technicians who are granted certificates without examination because of time spent in actively doing the work required by Sections 3 and 4 for the period prescribed for securing the respective licenses. The penal provisions of the Act, however, are not effective until January 1, 1938. Thereafter, according to Section 1, no person, firm, association or corporation may conduct, maintain or operate a clinical laboratory as defined in said Act unless such laboratory be under the immediate supervision and direction of a licensed clinical laboratory technologist or a person holding a valid and unrevoked phy-

* This opinion supersedes that presented in the article "Information Concerning New Laboratory Law," printed in CALIFORNIA AND WESTERN MEDICINE, January, 1938, on page 67.

sician's and surgeon's certificate issued under the provisions of the State Medical Practice Act of this State; thereafter, according to the same section, no person may lawfully make any test or examination requiring the application of the fundamental sciences, such as bacteriology, biochemistry, serology or parasitology, unless said person possesses an unrevoked certificate issued by the State Board of Public Health as a qualified technician in the subject or subjects concerned with the test or examination, or possesses an unrevoked certificate as a clinical laboratory technologist, or is the holder of a valid and unrevoked physician's and surgeon's certificate, issued under the provisions of the State Medical Practice Act of this State.

Pursuant to the section above referred to, the State Board of Public Health has authority, by regulation, to provide for the exemption of one or more technicians in each laboratory, who shall be called apprentices.

Section 2 defines a clinical laboratory as follows:

"Any place, establishment, or institution organized and operated for the practical application of one or more of the fundamental sciences by the use of specialized apparatus, equipment, and methods for the purpose of obtaining scientific data which may be used as an aid to ascertain the presence, progress and source of disease."

Section 3 provides for the issuance of a certificate of licensure as clinical laboratory technologist to each person holding a degree in one or more of the fundamental sciences, issued by a *recognized* institution, who is found by the Board to be *properly qualified*, after written, oral or practical examination, conducted under such rules and regulations as the Board may from time to time promulgate. The section referred to does not define a recognized institution, and hence is so vague and uncertain that the portion thereof relating to the holding of a degree from a recognized institution is ineffectual for any purpose. The legislature has failed to prescribe what body must recognize the institution or upon what basis institutions should or should not be recognized. To read into the portion of said section referred to a requirement that such institution should be subject to recognition by the State Board of Public Health is not warranted by the context and would constitute at least quasi judicial legislation. On the other hand, principles of statutory construction do not permit an interpretation based upon a delegation of legislative authority unless the legislature prescribes that an administrative tribunal may adopt rules or regulations relating to technical, health or medical subjects, and leaves the enforcement thereof to technical or trained boards or persons. In no instance is there any reported case indicating that such delegation is proper where a method for measurement is not supplied in the legislation for the administrative officer or tribunal.

It is the view of this office, however, that the legislature did not intend that the entire Act fall because of its use of the ineffectual expression "recognized institution," but rather meant the Act to stand, provided persons could be found who were properly qualified to secure a certificate of licensure, after examination as clinical laboratory technologists. By eliminating the requirement for the holding of a degree in a recognized institution and permitting all applicants after the first day of January, 1938, to take examinations for certificate of licensure as clinical laboratory technologists, the Act practically in its entirety may be given effect. Elimination of the requirement as to the holding of a degree is permitted because of the legislative expression in Section 11 of said Act that should any portion of the Act be unconstitutional, it would have passed the remainder thereof irrespective of such unconstitutional features.

The latter part of Section 3 provides for the granting of licensure as clinical laboratory technologist without examination to those having the qualifications therein prescribed, who make application to the Board before January 1, 1938, and who pay the required fee. This so-called blanketing in of those persons practicing as clinical laboratory technologists is not subject to constitutional objection.

Section 4 is practically identical to Section 3, except that such section has no requirement concerning the length of time one must be engaged in technical work in a clinical laboratory before one might be permitted to take either written or practical examinations for certificate as technician.

Section 5 is the penal section of said Act, and prohibits, after January 1, 1938, persons not certificated as technologists or technicians to thereafter act as such. It likewise prohibits persons, firms, associations or corporations from employing technicians, except that they be certificated as provided for in said Act or are acting as apprentices as provided for in regulations to be adopted or enacted by the State Board of Public Health. This would indicate a legislative intention to leave to the State Board of Public Health the right to enact regulations not contrary to the provisions of the law itself. Such regulations must, therefore, because of the latter portion of Section 1 of said Act and the provisions of Section 5, prohibit apprentices from working or being employed in a clinical laboratory unless there are on the active laboratory staff one or more licensed clinical laboratory technicians. They may not authorize more than two apprentices to work or be employed at the same time in the same laboratory.

The last portion of Section 5 permits the State Board of Health to provide for the issuance of temporary certificates as technologists and technicians, to expire at such time as shall be sufficient to determine the qualifications of said persons for permanent certification, notwithstanding the other provisions of the Act.

Section 6 of the said Act provides as follows:

"None of the provisions of this Act shall apply to a clinical laboratory now operated or hereafter to be operated by nonprofit hospitals, by nonprofit hospital associations, or by any nonprofit hospital department which is chiefly maintained by dues or contributions from employees of a common employer or of a group of affiliated employers, the services of which are principally confined to such employees, their dependents and members of their families and persons disabled in or by reason of the operations of the employer or group of employers, or by the State of California or the United States of America, or any department, official or agency thereof, or to nonprofit foundations engaged in research work."

It is definitely the view of this office that all of the attempted exemptions in said section contained are unconstitutional with the exception of the exemptions as to clinical laboratories now operated or hereafter to be operated by the State of California, or by the United States of America, or any department, official or agency thereof.

We know of no sound reason which would warrant exempting clinical laboratories of nonprofit hospitals, nonprofit hospital associations, etc., from the operation of the Act, as the purpose of the Act is to protect the public from incompetent or inefficient technologists, technicians and apprentices, and such protection could not be secured by exempting nonprofit hospitals, nonprofit hospital associations, etc., from the provisions of the Act and permitting them to employ technologists, technicians, and apprentices having lesser qualifications.

On the other hand, it would appear that the legislature had the right to exempt the State of California and any department, official or agency thereof from the operation of the Act, for ordinarily qualifying acts do not apply to the State unless the State is specifically included therein. Indeed, in the situation under consideration, the legislature has gone further than is customary and has specifically excluded the State and its departments, officials, or agencies from the operative effect of the Act.

The exemption of the United States of America is likewise warranted in that the State of California has no authority to interfere with any federal agency acting within the scope of its federal authority. See *Ex parte Wilman*, 277 Fed. 819, and *Dobbins* vs. *Commissioner*, 16 Peters 435.

Although these cases relate to taxation, the principle therein expressed is applicable to the exemption.

This does not necessarily mean that if the attempted exemptions are eliminated from the Act that the entire Act is invalid. Indeed, it is settled law that if an attempted exemption is invalid and separable, the balance of the Act stands. Particularly is this the case where the Act itself indicates that the legislature would have adopted the statute with the invalid exemption omitted.

The rule is set forth in the case of *Bacon Service Corp.* vs. *Huss*, 199 Cal. 21, and at page 39 the Court said:

"Respondent relies on a statement in Lewis's Sutherland on Statutory Construction (Vol. 1, 2nd ed., Sec. 306), where it is said: 'If, by striking out a void exception, proviso or other restrictive clause, the remainder, by reason of its generality, will have a broader scope as to subject or territory, its operation is not in accord with the legislative intent, and the whole would be affected and made void by the invalidity of such part.' The foregoing is unquestionably the rule except when a contrary legislative intent is ascertainable from the language of the statute or the general purposes or terms of the Act. But when it appears in the statute that it was the intent that the separable void portion should not destroy the whole the invalidity of the entire statute will not necessarily result, especially when it is determined, as here, that such was the intent, and that the remainder is a full and complete legislative enactment of the subject to which it relates."

To the same general effect, see *State* vs. *Skinner* (Ala.), 101 So. 327.

Section 11 of the Act under consideration indicates a legislative intention to pass the Act should any section, subsection, subdivision, sentence, clause or phrase thereof be declared unconstitutional. This leaves in force the balance of the Act, save as to the recognized exempted official agencies, and makes every technologist, technician, nonprofit hospital association, etc., comply therewith.

Under Section 8, the State Board of Public Health is authorized to make rules and regulations providing for the reinstatement of technologists and technicians who fail to

pay the fees required by the Board within sixty days after the commencement of the year.

Such section likewise provides for a revocation of certificate "for good cause after hearing on notice."

The portion of said section providing for the reinstatement of the certificate is constitutional and proper. That portion, however, providing for the revocation of license for good cause is void. In *Hewitt* vs. *State Board of Medical Examiners*, 148 Cal. 590, the legislature undertook to permit the revocation of medical licensure by the Board of Medical Examiners in instances where the defendant made "grossly improper statements" in advertising a medical business. In discussing the language used in the statute, the Supreme Court of this State said:

"Taking a given advertisement by a physician, the members of one board might conclude that it contained 'grossly improper statements' while another board might reach an entirely opposite conclusion. One might conclude that the statement while 'improper' was not 'grossly' so. The advertisement of a physician which one board had determined did not come within the inhibition of the rule according to its judgment, a succeeding board might conclude it did. As the provision of the Act in question does not define what shall constitute 'grossly improper statements' but leaves it to be determined according to the opinions of the particular members of the board who happened to constitute it when the matter of revoking a physician's license therefor is before them, it is obvious, if such a provision can be sustained that it could operate disastrously not only upon individual physicians, but upon physicians of a particular school."

The case in effect holds that a license may not be revoked where the grounds of revocation are left to the whim or caprice of an examining board without any standard for their guidance. The language in said case is applicable to the proviso of revocation in this Act "for good cause." What might constitute "good cause" as to one board, might not constitute "good cause" as to another.

But this does not mean that the Act is unconstitutional because a license issued pursuant thereto may not be revoked or suspended pursuant to the Act in its present form. What has been stated hereinbefore with reference to *Bacon Service Corporation* vs. *Huss*, is applicable to the revocation language of the Act. The Act is, therefore, constitutional, but a license issued pursuant thereto may not be revoked. The advisability of an amendment to provide specific grounds for revocation is respectfully left to your discretion.

In conclusion, I particularly call to your attention the language of Section 10 of Chapter 804, which prohibits corporations and persons not possessing valid and unrevoked physician's and surgeon's certificates from practicing medicine and surgery or from furnishing the service of physicians for the practice of medicine and surgery. This language indicates a specific legislative intent to prevent persons licensed as technologists or technicians from making diagnoses. Persons so licensed may make findings as to particular bacteria, germs or chemical substances present in given specimens or samples, but may not, under the law, state that the presence thereof constitutes the presence or absence of any particular malady or disease.

Very truly yours,
U. S. WEBB, *Attorney-General.*
By Lionel Browne.

EDUCATOR DECRIES UNITED STATES SUBSIDY FOR MEDICAL PRACTICE

[Criticism of the Plan of the "Committee of Four Hundred and Thirty"]

Declaring their proposals would lead to socialization of medical practice and bureaucratic control of education and research, Dr. Robert Wilson, dean of the Medical College of the State of South Carolina, has issued a statement decrying recommendations of a group of physicians who have rebelled against the American Medical Association's opposition to federal subsidy and direction of their profession.

Doctor Wilson denounces the plan of the 430 medical men—a small minority of the 165,000 in the United States—as constituting "a serious danger to principles which the medical profession as a whole has regarded, and still regards, as fundamental." He envisions the proposals regarding the support out of public funds of medical education and medical research as "fraught with possible danger" and sees no safeguard in the principles as expressed against socialization of the profession and bureaucratic control.

"That each state should support medical education and, through its medical schools, should encourage and support scientific research," reads Doctor Wilson's statement, "is a thoroughly sound policy, but the control of such activities by the Federal Government should be viewed with the gravest apprehension."

"That it is the purpose to bring under federal control all of these (medical, educational, hospital, and laboratory) activities," continues Dean Wilson's statement, "seems obvious from Proposal 9, in which it is suggested 'that the adequate administration and supervision of the health functions of the Government, as implied in the above proposals, necessitates, in our opinion, a functional consolidation of all federal health and medical activities, preferably under a separate department.'

"This provision means nothing else than bureaucratic control both of medical practice and of such education and scientific research, which can attain the highest degree of usefulness only when permitted complete freedom of operation untrammeled by political domination."

Like the American Medical Association and most leading practitioners and teachers of medicine, Doctor Wilson sees federal socialization of medical practice primarily as a mortal blow to the independence of private practice and the well-being of the individual physician. However, like most other medical men, he also scents the peril of permiting bureaucratic control of medical education because of the likelihood of stifling independent thinking and regimentation not only of medical practitioners, but of the public.—*Christian Science Monitor*, January 5, 1938.

HIGHLIGHTS IN CALIFORNIA'S PUBLIC HEALTH WORK IN 1937*

Many new activities in the promotion of public health have been started in California during the past year, and many old activities have been either amplified or renewed.

Of first importance is the reëstablishment of the Bureau of Venereal Diseases in the California State Department of Public Health. This was made possible by legislative enactment and approved by Governor Frank F. Merriam. In 1917, California established the first state bureau of this sort and it functioned until 1920, when lack of funds stopped its work. The State appropriation now available for venereal disease control, augmented by Social Security funds, provides for a sound program in case finding, treatment, support for public clinics, free distribution of drugs to patients who are unable to pay, education in prevention and other attributes that provide effective measures in the prevention and control of these devastating diseases.

The extensive migration of agricultural laborers into California from other states and from Mexico has necessitated the institution of special activities to control communicable diseases among such laborers and to provide protection for residents of California. These activities have covered general camp sanitation, immunization against smallpox and diphtheria, instruction in child hygiene, maternal welfare, nutrition and facilities for the diagnosis of tuberculosis. Pediatricians, tuberculosis workers, nurses, and sanitary inspectors have worked in those districts of the San Joaquin Valley, particularly, where approximately 100,000 migratory laborers have been employed during the past season. A motor-truck equipped with x-ray apparatus and other facilities for the diagnosis of tuberculosis is moved from camp to camp, where clinics for the discovery of tuberculosis cases are conducted.

Because of the various hazards connected with many industries of the State, it has been necessary to establish active operations in preventing such hazards. Various dusts, chemicals, and air pollution are factors in the production of industrial diseases. Surveys have been undertaken in the various industries and coöperative efforts with manufacturers have been developed in order to lessen the industrial hazards and thereby prevent the production of industrial diseases. A special study of carbon-monoxid poisoning in transportation is now under way.

Through the provision of public health nurses in rural counties, a more extended health service to rural residents has been provided. The addition of six women physicians to the staff of the Bureau of Child Hygiene has enabled thousands of children, living in the rural districts, to receive physical examinations which were not available to

*A report submitted to the Council of the California Medical Association on January 15, 1938, by Dr. Walter M. Dickie, Director of the California State Board of Public Health.

them before 1937. Two trailers, equipped with complete dental facilities, have enabled three dentists, added to the staff of this bureau in 1937, to examine the teeth of many thousands of children in the rural districts, provide temporary repairs, and give advice to those children who are in need of such services. Dental hygienists and a nutritionist provide educational services.

Special facilities for finding crippled children and providing them with relief for their physical handicaps have been undertaken. Clinics for diagnosis, without cost to parents, have been conducted in the counties of the State.

During the year three new full-time county health units have been added to the seventeen such units that existed in California prior to this year. The new units are in Yolo, Santa Cruz, and Ventura counties. The Yolo County unit is actually a reëstablished unit, as the health work of this county was formerly conducted upon a full-time basis.

Through the provision of Social Security funds, the State Department of Public Health has been enabled to establish, in coöperation with the University of California, a school for the training of sanitary inspectors and health officers. Candidates for such training have come from all of the western states. While the State Department of Public Health has acted mainly as sponsor of the activities conducted by this school, it has assisted directly in passing upon the qualifications of candidates, and in the provision of special training along practical lines of health administration.

No special problems in communicable disease control have been encountered during the year. Influenza of a severe type was quite prevalent during the early part of 1937, but no extensive outbreak prevailed. Public health conditions, in general, have been good throughout the year. Marriages and births have increased approximately 10 per cent over 1936.

MALPRACTICE SUIT PROBLEM IN LOS ANGELES COUNTY

Report of the Los Angeles County Medical Association Committee on Defense on December 16, 1937

Considerable time and effort has been spent by your committee during the past year, studying the problem of malpractice in Los Angeles County. We have interviewed litigants, attorneys, officials of insurance carriers, and have been interviewed by plaintiffs and defendants, and have in every way possible tried to get the viewpoint of all parties concerned.

A steadily increasing cost for insurance of this kind would almost in itself tell the story. The Medical Protective Company, which carries the major portion of malpractice insurance in California, submits the following premium rates for $5,000, one case, and $15,000 total for policy year:

State	Premium	State	Premium
California	$30	Illinois	$18
Indiana	20	Iowa	18
Kansas	18	Kentucky	18
Massachusetts	36	Michigan	18
Minnesota	27	Missouri	30
New Jersey	24	Ohio	24
Pennsylvania	16	Texas	24
Wisconsin	22		

Nebraska: $1,000 to $2,500. Premium: $20

These rates show California to be second highest, next to Massachusetts. Nebraska would head the list if a policy of the same denomination were obtainable and sold at the same rate. Your committee finds difference in underwriting expense in various companies from 26 to 46 per cent of the premium. During the last twenty-five years, about a score of companies have engaged in selling malpractice insurance in California. After a few years' experience, it was found unprofitable and the majority have withdrawn from the field, leaving only three or four still engaged in this type of business.

The three American companies writing the major portion of the malpractice insurance in California are: Medical Protective Company; Aetna; and Zurich. A fourth company—Lloyd's of London—have recently come into the field, where they are writing an indemnity contract. Lloyd's operates under the excess liability law of California. There are approximately twelve different types of policies being written by the Lloyd's in Los Angeles. There appears to be considerable spread in the premiums charged by the different brokers.

These policies are certificates written by the brokers themselves, supposed to conform in general to a master policy in England, but into which the broker can write anything he chooses. These certificates show considerable variation and are practically all limited to bodily injury, or death as a result of malpractice, error or mistake. Many lack what is commonly understood to be complete coverage.

Certain irregular groups in the healing art find it impossible to buy insurance from any American company. The Medical Protective Company reports that it has lost money in the State of California during the past five years. The latter named company has had the greatest experience in defending malpractice suits, having defended 48,000 in the United States in the last forty years. From January 1, 1936 to January 1, 1937, the Medical Protective Company paid out $1.20 for every $1 premium collected in California, and for the first six months of 1937 the outlay has exceeded the premium intake by 20 per cent. This has precipitated a premium adjustment upward. The Medical Protective Company has restricted its policyholders entirely to members of the Los Angeles County Medical Association. It has restricted its limits of coverage, believing that the high limits provide bait for "easy money seekers." This, in the opinion of your committee, makes excess liability policies such as written by the Lloyd's of London and other companies necessary.

An amendment recently passed to the California Insurance Code decrees that "a surplus broker may sell insurance only if such insurance cannot be procured from the majority of the insurers admitted for the particular class of insurance, provided the insurance is not placed in the non-admitted insurer for the purpose of procuring a lower rate than would be expected by the admitted insurer."

The State of Pennsylvania, with 12,889 doctors, records only one-tenth as many malpractice suits as the State of California with 11,542 doctors. Cook County, Illinois, has approximately one-third as many suits filed as Los Angeles County, in spite of the fact that it has approximately twice as many doctors. Massachusetts is an unusually fertile field for the filing of malpractice suits and has a correspondingly higher premium rate. The highest premium, until recently, was in the State of Nebraska, where the laws admitted the introducing of evidence that the liability of the doctor was covered by insurance. Recently, this has been changed. The company previously carrying the majority of insurance in the State of Nebraska found it necessary to withdraw from the field, and upon resumption, has limited its policies in the state to $1,000 to $2,500.

There are approximately thirty to fifty men who belong to the Los Angeles County Medical Association who cannot buy insurance in the Fort Wayne (Medical Protective) company for various reasons.

It is your committee's opinion that comparatively few malpractice suits that go to trial have merit. Approximately 92 per cent of all the malpractice suits tried in the State of California are successfully defended.

It is interesting to note that in the metropolitan centers of California the press sees fit to publicize only such suits as involve men whose names have unusual news value. Your committee believes that the newspapers appreciate the inability of the doctor to defend himself against the damaging publicity, the greater percentage of which is without merit.

The greater majority of malpractice suits in which the plaintiff's case has merit are settled out of court. It is believed that approximately 50 per cent of all malpractice cases are taken by attorneys on a contingent basis, the attorney's contract calling for 33⅓ per cent of the recovery without trial and 50 per cent with trial.

Your committee has reviewed the transcribed testimony of many of the suits tried in the courts during the past year. The committee was particularly impressed with one case in which a county medical member testifying against his brother practitioner admitted on the stand that the fee involved was the only activating motive which prompted him to assume the interest of the plaintiff in the case. Your committee has also been interested in one type of suit in which a regular practitioner of medicine has sued his brother practitioner.

The committee is also impressed with the fact that medical testimony given in court is seldom scrutinized by those

qualified to judge of its accuracy or fairness. This fact apparently allows certain individuals to assume considerable latitude in their expressions of opinion.

Your committee was particularly interested to review the testimony of a medical expert appointed by the Court under Section 1871, Code of Civil Procedure, State of California, and was impressed with the eminent fairness of this witness. Unquestionably, the ends of justice could be better served by the utilization of Section 1871 (appointment of medical experts as court officers), if the judges had the opportunity to select these appointees free from political or personal influence and provided the appointees were individually properly fitted to the task.

A review of the malpractice suits for 1936 and 1937 discloses that plaintiffs' experts number approximately thirty men, residing in Los Angeles County. Of this number in 1936, approximately 20 per cent were nonmembers and irregulars, whereas a study of the 1937 record reveals the fact that approximately 70 per cent were nonmembers and irregulars.

A study of the transcribed testimony further shows definite evidence of a tendency on the part of doctors appearing as adverse experts against their fellow practitioners to give impressive testimony without adequate careful examination into, or knowledge of the matter in hand. It is not uncommon to find gross misstatements.

Your committee takes cognizance of the fact that oftentimes counsel is doing his best to confuse the witness and trick him into saying something that he does not mean.

The figures show that approximately 66 per cent of all malpractice suits filed were against surgeons, and 33 per cent were against internists and diagnosticians.

Your committee believes that in malpractice suits, as in personal injury and many other types of suits, the average jury is often incapable of decisions based on fact rather than sympathy.

There has been a decided increase in the disposition of claims, thus reducing the number of suits where the circumstances merited such a course. Certain companies are now making a premium differential to cover certain classifications where the hazard is obviously more prevalent. They are also making a strenuous effort to educate its policyholders and assist them in avoiding the pitfalls.

The Medical Protective Company reports that the average duration of a malpractice trial in Los Angeles County is four and one-half days; that the most of defense is $175 per diem. Assuming the present rate of $32 for policy covering $5,000 to $15,000, total premium at the end of thirty years would be the equivalent of approximately five days' expense in court, provided the case was won and there were no judgment damages to pay.

Your chairman feels that we are fortunate in having as a member one who is also a practicing attorney and a member of the Los Angeles Bar Association Bulletin Committee, which committee has expressed their willingness to coöperate. It is believed that the Bar Association would look kindly upon the publication of a summarization of the views of this whole situation.

1. Your committee recommends publication in the *Bulletin* of transcribed testimony of malpractice suits tried in this county, either in whole or in part. Your committee believes this would assist materially in the enlightenment of the profession at large who would otherwise not have an opportunity to acquaint themselves with what transpires in the courts of our community.

2. Your committee recommends that there be a renewal of efforts to secure legislation requiring a bond by plaintiff when filing malpractice suits, similar to the law requiring a bond to be filed with libel suits against newspapers. Your committee believes that such legislation would eliminate many of the "spite suits" and relieve the profession of the damage of adverse publicity.

3. Your committee recommends that the doctors of medicine, both on individual and institutional bases, endeavor to improve the quality of their records.

4. Your committee recommends that the Committee on Malpractice Defense be enlarged to seven members, including the president and vice-president of the Los Angeles County Medical Association. This would divide the task of reviewing the transcribed testimony in malpractice suits and greatly facilitate the work of the committee.

5. Your committee recommends that serious consideration be given by the Council to the suggestion coming from several of the carriers of this type of insurance, namely, that the cases of malpractice filed against its members be reviewed by the Malpractice Defense Committee and the committee's opinion regarding the medical merits of the case be made available to the legal department of the defendant company; that arrangements be made by which the Malpractice Defense Committee could call in consultation from the different sections, men qualified to assist in this work.

Respectfully submitted,

MALPRACTICE DEFENSE COMMITTEE.
Harold Dewey Barnard, M.D., *Chairman*
Wendy Stewart, M.D.
Fred B. Clarke, M.D.

FEDERAL FUNDS BANNED FOR DISTRICT OF COLUMBIA GROUP MEDICINE PLAN*

Ruling on Technical Grounds HOLC Loan for Health Clinic Was Illegal—District of Columbia Legal Approach to Problem

Richard N. Elliott, Acting Comptroller General, has ruled that the Home Owners' Loan Corporation was without legal authority in loaning $37,357.65 to the Group Health Association, Inc., which maintains a health clinic for one thousand workers in Federal Government offices. The decision, however, was based on technical grounds, and does not affect the broad issue of socialized medicine, which is rapidly assuming greater importance in the United States as mass clinics spread.

Mr. Elliott's decision is simply to the effect that a federal agency has no right to use taxpayers' money for purposes other than those stipulated in laws establishing the agency in question. The decision would stand equally, it is presumed, against a group recreation center, a circulating library, or any similar activity outside the main statutory purposes of the agency. A federal department or agency, he rules, has no right to spend money for what it considers the welfare of its employees.

Therefore, the basic issue of socialized medicine remains to be considered by other authorities. Already Elwood H. Seal, corporation counsel of the District of Columbia, is examining the general legal status of Group Health Association, Inc. He is studying two questions: (1) Whether the Group Health Association is a corporation illegally engaged in the practice of medicine; and (2) whether it is operating an insurance business without being licensed as such.

On these two contentious points briefs have been filed by counsel of the District of Columbia Medical Society, attacking the Group Health Association following sharp criticisms by the American Medical Association. Officials of the Federal Home Loan Bank board defend their action in supporting the Group clinic, pointing out that it is incorporated under the laws of the District, and claiming it is "selling service."

But the acting Comptroller General's ruling takes a firm stand against diversion of funds for purposes such as the health clinic. Action of the HOLC board in turning over $37,357.65 to the clinic is described as "without authority of law," and Mr. Elliott also brands as "of doubtful legality" the "emergency rooms" or first-aid headquarters maintained by most other Government departments.

NEW LAWS SOUGHT

Senator Pat McCarran (Democrat) of Nevada, at whose request the ruling was made, says it should be followed by "specific legislation making it impossible for this to recur in Government departments. . . . No department should take upon itself authority to divert public money and the appropriating of it. . . . This stands as an example of what may be going on in departments, and should result in legislation with teeth in it."

Because of the "emergency status of the HOLC, some doubt still exists as to the precise effect of the comptroller-general's ruling. The HOLC and its group-medicine offspring have a unique corporative status, and it may be necessary to have acts of Congress to limit their use of

* See also articles in December issue of CALIFORNIA AND WESTERN MEDICINE, on page 433, and editorial comment thereon in January number, on page 4.

funds. Had the decision applied to one of the old line departments, it would have been entirely binding.

HOLC authorities, defending their action, pointed to general authorization in the law creating the corporation, and giving its board power to determine "necessary expenditures under this Act and the manner in which they shall be incurred."

Mr. Elliott, in ruling on the contention, points out that Congress has passed specific laws for the welfare of federal employees, such as retirement and compensation for those injured in line of duty. He rules that the enactment of such laws renders negative the implication that such powers are included in general statutory provisions controlling other activities. He concludes:

"It has been the long-established rule in the federal service that the functions of the agencies of the United States are restricted to those activities authorized by general or special enactments of the Congress, and where an activity involves the expenditure of money of the United States, the appropriation laws must make the moneys available therefor, in no uncertain terms, if such activity is to be accepted as lawful. Accordingly, it must be concluded in the instant matter, that the disbursements and other costs were made and incurred without authority of law."—*The Christian Science Monitor,* December 21, 1937.

MOBILIZATION ON THE MEDICAL FRONT*

[*District of Columbia HOLC Experiment*]

Organized physicians, surgeons, and dentists are not the sole protestants against the scheme fostered by an influential section of the Roosevelt Administration to socialize the practice of medicine, surgery, and dentistry. American taxpayers, who foot the bills for all government expenses, regular and experimental; who squirm under restrictive taxes, and groan loudly at the prospect of still others, are making their voices to be heard.

Observing the experiment by a governmental agency, the Federal Home Loan Bank Board, which appropriated $20,000 to finance the establishment of a health insurance association among its two thousand employees, and promised $20,000 more, taxpayers are asking pointedly why, in addition to paying the salaries of these federal employees, they are asked to pay from one-third to one-half of their doctors', nursing, and hospital bills.

True, the acting Comptroller General has informally held this appropriation to be illegal, but nothing has been done to halt the scheme. On the contrary, proponents of positive action by Congress grow more insistent daily.

The American taxpayer is usually inarticulate—except at the ballot box. There are, however, a few organizations whose members contribute heavily to the United States Treasury and at least one of these, the Chamber of Commerce of the United States, is strenuously opposing nationalized medicine and federal health insurance, being convinced—from a study of similar experiences abroad—that they will mean another huge bill for the public, with no compensating advantage or benefit.

* * *

Nation's Business, organ of the Chamber of Commerce, warns that the experiment, begun under Government auspices, will spread to other and eventually all federal agencies and thence to include the whole public, if not resisted and checked at the outset. This is the way the business began in Germany fifty years ago, where the budget for sick insurance rose from 660,000,000 marks in 1913 to 2,330,000,000 marks in 1929!

That proponents of health insurance are determined to establish a nation-wide federal organization, reaching from Washington down into every village and hamlet, cannot be doubted when their utterances are examined.

Dr. Thomas Parran, Surgeon-General of the United States, appealed to the Association of Life Insurance Presidents in New York a few days ago to participate in the plan. Hitherto the insurance companies have looked coldly upon any governmental scheme for taking over their work, as well as that of the doctors. Doctor Parran said:

I propose that a new and result-getting national health program be built upon the skeleton forces we now possess; that we mobilize a health organization covering every community in the country under local control, with State supervision and Federal leadership. . . .

* * *

The Home Loan Bank Health Association experiment is called voluntary, but the employees did not inaugurate it; it was established by the Government agency which allocated public funds to provide part of the cost and assigned employees to administer its affairs. On that basis, *Nation's Business* estimates, the taxpayer will be defraying about one-half the expense.

A clinic with a staff of fifteen has been set up, including six or seven physicians, and complete medical and surgical service, hospitalization, nursing, laboratory tests, ambulance facilities, and special examinations, which are to be supplied to members who pay from $2.50 to $3.30 a month.

* * *

No one can blame the employees for desiring to escape from doctors' bills. Anyone who has gone through the experience of family illnesses and operations understands how savings often thus are wiped out and debts accumulated. Inevitably, if the Home Loan Board group succeeds in getting the taxpayers to foot one-half their medical bills, other Government employees will set up a clamor for similar aid. Indeed, this is one of the demands of the United Federal Workers of America, an affiliate of the C. I. O., which seeks to organize the 800,000 civilians in federal employ.

The next logical step, should all Government employees obtain "taxpayer aid" on their doctor bills, would be a public demand—encouraged, of course, by sponsors of socialized medicine—for Uncle Sam to take over doctoring on a national scale.

All these are recognized evils, but they do not primarily interest the taxpayer. He thinks in terms of a possible cash outlay of at least $10 a year for each of 800,000 federal employees, an $8,000,000 annual budget. And if he is obliged to pay part of everybody's doctor bill and support another army of bureaucrats besides, he might as well put a mortgage on the old homestead and commence to cash in his insurance policies.

* An article by Malcolm Bayley in *Christian Science Monitor,* January 6, 1938.

PUBLIC HEALTH EXHIBIT: NEW YORK WORLD'S FAIR*

Exhibits of unparalleled scientific and educational value, portraying menaces to the physical welfare of mankind and the safeguards against them, are to be presented in an entirely new way in the Medicine and Public Health Building of the New York World's Fair, 1939, it was announced recently by Grover A. Whalen, President of the Fair Corporation.

Dramatic presentations will be made to show, among other things, the latest scientific knowledge of cancer, diabetes, blood diseases, anemias, pneumonia, allergy, epidemiology, heart disease, and milk control.

Applications of sponsors for all these exhibits have been approved by the Fair's Advisory Committee on Medicine and Public Health, of which Dr. Louis I. Dublin is Executive Committee Chairman and Homer N. Calver, Secretary. All save milk control will be presented in the Hall of Medical Science. Milk control will be displayed in the adjacent Hall of Public Health.

Hall of Man.—The Health Building is now nearing completion on the site at Flushing Meadow Park. The Hall of Man, the interior of which is cathedral-like in design, is to dominate the building. The sound of a persistent, measured pulsation, low but audible to every ear, will permeate this vase chamber. Mysterious at first, it will be discovered as the heart beat of an imposing, 18-foot figure of a man standing at one end of the long hall. This model, transparent and lifelike in every proportionate detail of physiological construction, is to disclose the intricacies of every organ with which Nature has equipped the adult human creature. It is expected to be a revelation to countless visitors who never before have seen themselves in just this way.

Surrounding the figure, similarly transparent life-size models will illustrate the processes of respiration and di-

* This article is given space because the 1939 Golden Gate International Exposition, San Francisco, is likewise making plans for a large public health exhibit. See January, 1938, issue of CALIFORNIA AND WESTERN MEDICINE, page 63.

gestion, the functions of the eye and ear, the mysteries of growth and reproduction.

"We, the People."—Another feature of the hall is to be provided by an exhibit, entitled "We, the People." It will include a dramatic presentation of the various races and nationalities of the world which have contributed to make America the "melting pot." A large map is to demonstrate, by moving figures, the flow of population to every part of the United States to bring about the creation of the nation of the present.

"Vitameter."—Here also a large vitameter, similar to the speedometer in a motor car, will register the principal events of human life: birth, marriage, and death. The mechanism, set to the scale of the average week in the United States, may show on a Tuesday, for instance, the number of births to be 12,000, and on the following Thursday may register the number as 21,000 at noon and 24,000 at night. In other words, just as the cumulative mileage is recorded on the speedometer of a car, the vitameter will show the cumulative number of births from the first day of the week through the seventh. In similar fashion, the number of marriages and deaths are to be shown. One point the mechanism will emphasize is that the birth registration is more rapid than that of death.

Tuberculosis.—The exhibit on tuberculosis in the Hall of Public Health in another part of the building will be unusual and promises to arouse universal interest. It will provide a great deal of information about the disease quite unknown to the layman. There will be representations, for example, of the normal lung and of one afflicted with tuberculosis, so that visitors may see just how the diseased tissue differs from the healthy. X-ray pictures will also reveal it, and a portrayal of the tuberculin test reveal its efficiency in showing the presence of disease.

As the sufferer from tuberculosis does not always reveal that condition in his outward appearance, visitors to this exhibit will be asked to select from a large number of photographs of individuals the ones he thinks are tuberculous. It is expected that the visitor will find his selections all wrong in many instances.

Hospitals.—One section of the building's Hall of Medical Science is to be devoted to hospitals and organized care of the sick to show how many departments and persons are involved in service to an ailing individual. The multiplex details of hospital administration are to be revealed by lifelike figures centering about a patient in a hospital cot. There will be the doctor and the nurse, the only ones of the hospital staff with whom he has contact. But grouped elsewhere in the dramatic model will be shown the departments which provide service for him: the admission office, the laboratory, pharmacy, housekeeping, dietary, laundry and light and power agencies.

Demonstration of the financial side of the hospital is to be effected graphically by having the four legs of a hospital cot made of stacked silver dollars. Of these dollars, 60 per cent come from the patient, 30 per cent from state, county, or municipal government, and the 10 per cent remainder from endowment. Fifty per cent of this income is spent for food and equipment. What the piled dollars are to demonstrate is that the cot cannot stand level if the 30 per cent or the 10 per cent be missing.

There will be an animated story of persons going through hospitalization—old and young, rich and poor, youths and babies—from admission to assignment to ward or room, preliminary examination, the calling in of specialists in special cases. An operating room will be shown, with the surgeon in white gown and mask, gloved with instrument in hand, with attendant nurses. Next will be a representation of a patient's period of convalescence and, lastly, discharged from the hospital— a well, whole being.

Flanking this exhibit there will be others of roentgenology, anesthesia, and analgesia.

The Teeth.—"Living teeth as living tools," is the theme of the exhibit of dentistry and oral hygiene. In the foreground of the exhibit, a question and answer board will present the typical queries of most people, such as: How often should I brush my teeth? What good does it do to go to a dentist? What happens to me if I neglect my teeth? The visitor who seeks an answer need only push a button adjacent to the question and it flashes before him.

The transparent model of a man will show, by moving lights in series, just how infection from a tooth is carried to various parts of the body, to joints and the heart, indicating that bad teeth may seriously impair the general health. Another exhibit will be in the form of a huge mouth into which visitors may walk and find themselves surrounded, above and below, by rows of teeth. It has been suggested that the floor of this exhibit be of soft rubber in order that the entering visitor may seem to be walking on the model's tongue. The teeth in the exhibit are translucent, a light from below showing that an infected spot may not be visible by tooth inspection with a mirror. Illumination will bring to light the nerve and blood circulation of the individual tooth.

A small model of a baby's mouth is to be provided with a lever which, when manipulated by the visitor, will cause teeth actually to appear in the order of their normal growth in the infant's gums. A panel will illustrate the correct and improper growth of teeth, and there will also be graphic portrayal of the foods necessary for proper care of the teeth.

Health Departments.—Work of the Health Department of a community is to be represented on panels showing the activities during every hour of the day of inspectors and public nurses.

Coöperating Agencies.—Special committees, composed of distinguished medical men and public health experts, are developing plans for the fifty sections included in the medicine and health building. They are giving their advice without remuneration of any kind. There will be only one presentation of each subject exhibited. Already a number of these exhibits have been sponsored and work upon them is well under way.

The New York City Cancer Committee will sponsor the exhibit on Cancer, which is being developed under the direction of the following committee: Dr. Francis Carter Wood (chairman), Dr. John C. A. Gerster, Dr. Ira I. Kaplan, Mrs. Robert G. Mead, Col. Frederick J. Russell, Miss Katherine Faville, and Mrs. Francis J. Rigney.

Eli Lilly & Company will sponsor the exhibits on diabetes, and blood diseases and anemias. The exhibit for the section on diabetes is being developed under the direction of a committee, consisting of Doctors James Ralph Scott (chairman), Charles Bolduan, William Ladd, Herman O. Mosenthal, Russell C. Wilder, Elliott Joslin, Frederick Williams, Albert A. Epstein, M. M. Weaver, and Miss Grace Anderson.

The exhibit for the Section on Blood Diseases and Anemias is being developed under the auspices of Prof. Randolph West, Dr. Paul Reznikoff, Dr. Cornelius P. Rhoads, Dr. E. B. Krumbhaar, Dr. Nathan Rosenthal, and Dr. M. M. Weaver.

Lederle Laboratories, Inc., will sponsor the exhibit on pneumonia, developed under the supervision of Dr. Rufus Cole (chairman), Doctors Roderick Heffron, Peter Irving, Maxwell Finland, Jesse G. M. Bullowa, Russell L. Cecil, Edward S. Rogers, E. F. Roberts, and Miss Alma Haupt.

Lederle Laboratories, Inc., will also sponsor the exhibits on allergy and epidemiology under direction of the following committees: On allergy, Doctors Francis Minot Rackemann (chairman), Robert A. Cooke, Matthew Walzer, Maximilian Ramirez, Marion B. Sulzberger, Joseph Harkavy, Ranklin Stevens, and E. F. Roberts. On epidemiology, Doctors E. S. Godfrey (chairman), Clarence Scamman, George Ramsey, William Best, Charles Vivian Akin, W. H. Frost, and E. F. Roberts.

Ciba Pharmaceutical Products will sponsor the exhibit on heart disease, which is being developed under the guidance of the Heart Disease Committee which includes: Doctors A. E. Cohen (chairman), E. P. Boas, L. A. Connor, J. H. Crawford, C. De la Chapelle, Stuart Hart, James B. Herrick, E. B. Krumbharr, E. M. Landis, Robert L. Levy, A. G. Macleod, C. McEwen, Hugo Roesler, J. M. Steele, Homer S. Swift, P. D. White, Harold J. Stewart, and Miss Elizabeth McKenzie.

Cherry-Burrell Corporation will sponsor the exhibit on Milk Control, developed under the auspices of the following committee: Doctors Milton J. Rosenau (chairman), Alec N. Thomson, Paul B. Brooks, Leslie Frank, William B. Palmer, Samuel Abraham, John G. Hardenbergh; Prof. J. M. Sherman, and Walter Von D. Tiedeman.

Applications for other sections are pending before the committee which has planned a unified and coördinated exhibit on Man and His Health.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XI, No. 2, February, 1913

From some Editorial Notes:

The Legislature.—At the time of writing it is impossible to say just what has been proposed in the way of medical legislation, though some things are quite apparent. The usual attempt is to be made to secure special boards of examiners in almost every sort of freak cult. A number of bills have been drawn which may or may not be introduced; one of them provides an entirely new medical law on an entirely new plan, but no copy of the bill has as yet come to our attention. Another proposed law provides for separate boards of examiners for regulars, homeopaths, eclectics, osteopaths, naturopaths, and divine healers!

* * *

Medical Building.—Have you thought anything about that suggestion in the last *Journal* as to the county society owning its own building? It can be done by a good many—if not most—of the county societies in California. You all pay rent to somebody; why not pay it to the county society? It is merely a matter of finance and of getting together, and the getting together, in some places, seems to be the hardest part of the problem.

From an article on "Some Factors in Habitual Constipation," by Raymond Russ, M.D., San Francisco.—The center of surgical discussion shifts from time to time. The brain, the neck, the thorax, occupy in turn the circle of the spotlight, which may be switched at any moment to some other portion of the stage of endeavor. Surgery, constantly trying to increase its scope, has fads and fancies. The opening of a new field is always followed by a stage of overenthusiasm, and sometimes reckless and ill-considered operating. Concomitant causes are lost sight of in the presence of what is thought to be a newly evolved principle, so desirous are we of reducing our asset of painful experience to the proportions of absolute, scientific fact.

From an article on "Feeding in Later Infancy," by H. H. Yerington, M.D., San Francisco.—During the past six or eight years, probably no subject in medicine has received more attention than infant feeding, and with numerous schools advocating so many various methods, the family physician, if he tries to keep up with the literature, finds himself in a hopeless tangle.

From an article on "Dietetics from a Modern Standpoint," by Annie W. Williams, M.D., Hayward.—In this age of searching analysis, keen observation, thorough research, extensive and exhaustive laboratory experiments, practical demonstrations and laborious investigations, dietetics, the science or study and regulation of the diet has not been overlooked, but has received its full and much-needed share of attention. World-wide questioning is being directed to the disquieting fact that eating just for self-gratification, the good taste and flavor because you happen to like it, and to satisfy a pampered, over-cultivated and oft-times, more or less, perverted appetite, is possibly not all it should be.

From an article on "The Technique of the Removal of Foreign Bodies and New Growths from the Esophagus," by W. P. Millspaugh, M.D., Los Angeles.—This subject is a little bulky for a ten-minute paper, and I shall begin immediately to use the pruning shears. That portion of it referring to new growths is an unknown field to me, and I

(Continued in Front Advertising Section, Page 16)

†This column strives to mirror the work and aims of colleagues who bore the brunt of Association work some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M.D.
Secretary-Treasurer

"The State District Court of Appeal issued a writ of mandate today requiring Superior Judge J. J. Van Nostrand of San Francisco to prepare and file a finding of facts in a case involving the rights of chiropractors. Chiropractors are seeking a comprehensive court interpretation of the law pertaining to their profession. M. James McGranaghan, a chiropractor and lawyer, in April, 1935, filed application for a declaratory judgment to determine what rights he could exercise under his license as a chiropractor. The California Drugless Physicians' Association and a number of Los Angeles chiropractors intervened in the action. In September, 1935, Judge Van Nostrand issued a memorandum opinion, but stated he did not regard a finding of facts as necessary. Application for the writ of mandate was made to the State District Court by Attorney-General U. S. Webb." (Fresno *Bee and Republican*, December 11, 1937.)

"Local doctors were warned yesterday to lock their cars and to refrain from leaving medical kits in them while making calls or visiting hospitals, due to a new outbreak of thefts in Marin County. According to word received here yesterday from Police Chief Sabin D. Kane of San Rafael, kits containing drugs and equipment worth more than $300 have been stolen from physicians' cars in that city during the past few days. Included in the equipment stolen were a complete blood-pressure machine, two sets of syringes in a leather case, ear and throat probing instruments, a quantity of morphine, and two sets of hypodermic needles." (Santa Rosa *Press-Democrat*, December 24, 1937.)

"Medical kits of five Bakersfield doctors have been stolen from their automobiles during the past several days, according to city police. All but one have been recovered. . . . Officers believe the thefts to be the work of a dope addict." (Bakersfield *Californian*, December 30, 1937.)

"A prominent Pasadena eye, ear, nose and throat specialist, Dr. H. M. Griffith, whose trial in Los Angeles County courts in 1933 over the shooting of a banker friend who allegedly defrauded him of over $50,000 was interrupted when he was declared mentally incompetent, appeared before the Mendocino County Superior Court Friday. On a writ of habeas corpus, the doctor asked for release from the Mendocino State Hospital, where he has been confined since that time, so that he might return to Los Angeles County to defend himself in the resumption of the criminal case against him. . . . Two deputy district attorneys from Los Angeles County, Hugh McIsaac and D. J. O'Leary, were on hand to present their case, urging that the man had not recovered sufficiently from his insanity to offer aid to his counsel in his defense. . . . Doctor Griffith, a graduate of George Washington Medical School in St. Louis, and a normal-appearing gentleman, somewhat gray and wearing horn-rimmed spectacles, testified for himself concerning the shooting of a Mr. Hubbard, vice-president of the Citizens Savings Bank of Pasadena, with whom he had entrusted his funds. In two civil trials he had gained no satisfaction for the fraudulent manipulations of his money by Hubbard, which included a check for $52,500 from the city of Pasadena for property condemned for Civic Center purposes. He testified that he felt there had been tampering with the jury in the first trial, while the second had been decided on a technicality. These beliefs, with others, were listed by Deputy District Attorney McIsaac of Los Angeles as 'delusions' and adequate proof of Griffith's unsound mental condition. . . ." (Ukiah *Redwood Journal*, December 11, 1937.)

(Continued in Front Advertising Section, Page 24)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.